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A Monthly Journal for Hospital Executives



Toronto, Can.

The Edwards Publishing Company

October, 1930

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IN THIS ISSUE—

Banting Institute is Formally Opened by Lord Moynihan
Splendid Female Chronic Building Opened at Essondale Mental Hospital
British Columbia Hospitals' Association Plays Host to Two U.S. Associations
Five-Year Hospital Building Program, Costing \$3,750,000, Proposed for Vancouver
News of Hospitals and Staffs

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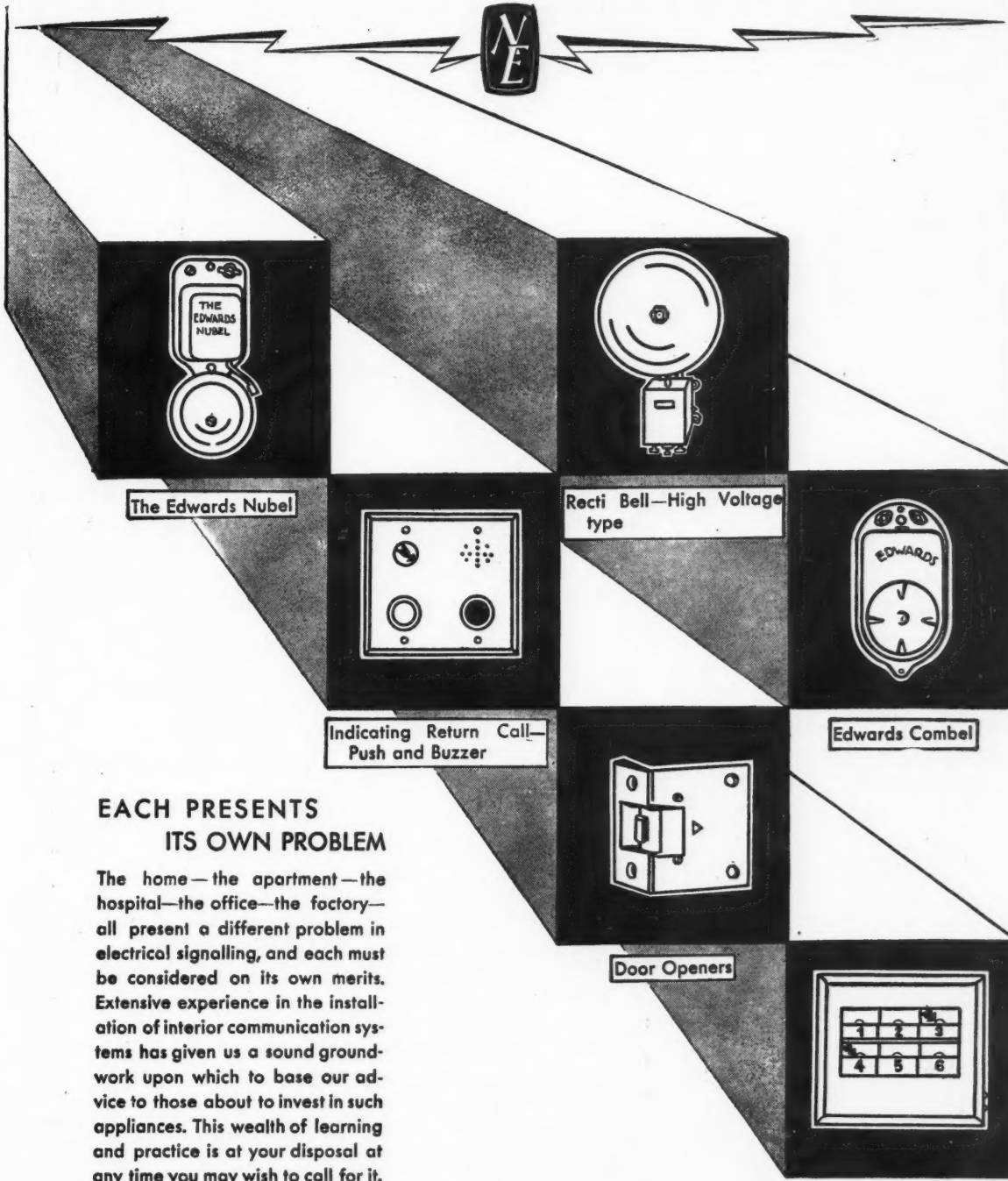
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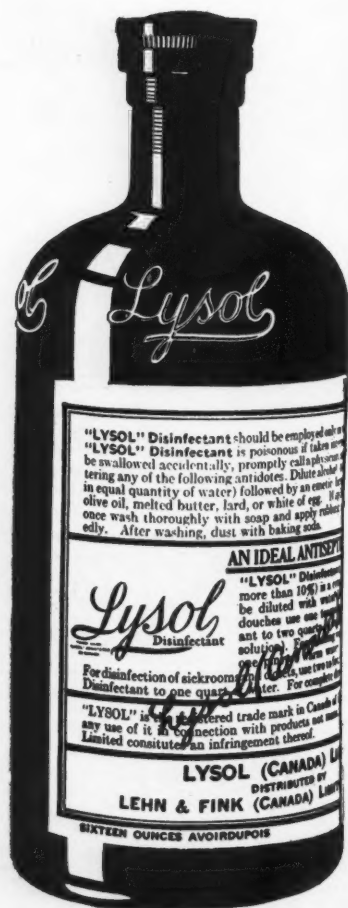
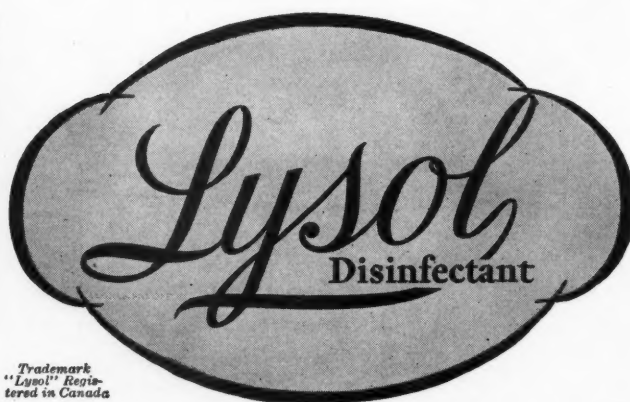
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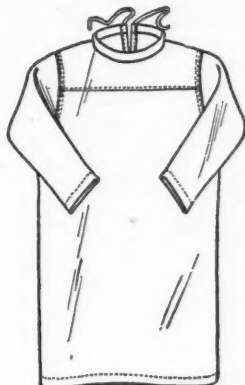
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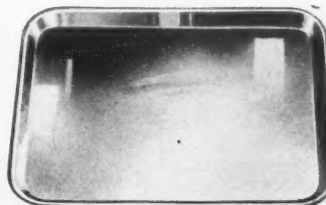
Hotel Double Boilers



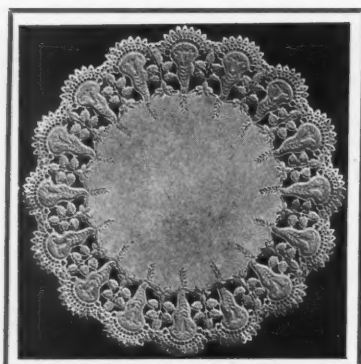
Five sizes from 4 to 17½ quarts (inside pans)

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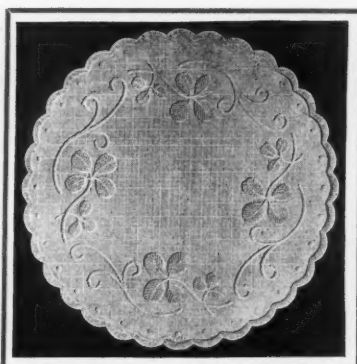
Hospital Trays



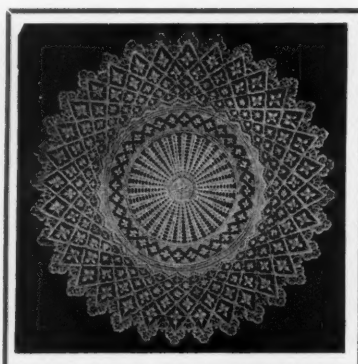
Rectangular, Oval and Round in all sizes



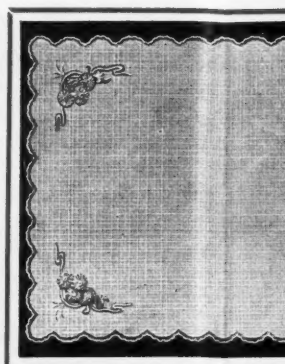
Pattern 850—Sizes 5, 6, 7, 8, 10 and 12 inches.



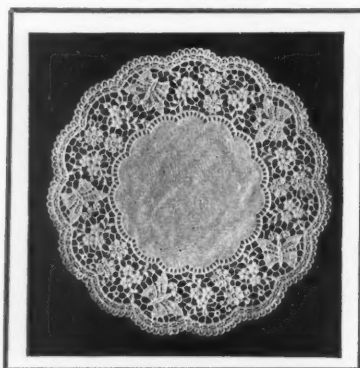
Clover Pattern—Sizes 4, 5, 6, 7, 8, 9, 10 and 12 inches.



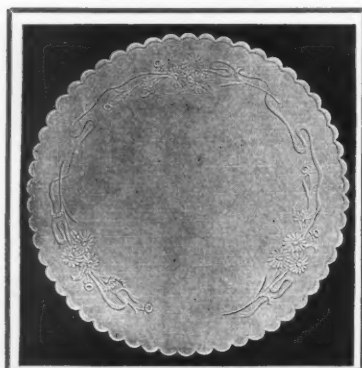
Pattern 950—Sizes 5, 6, 7, 8, 10 and 12 inches.



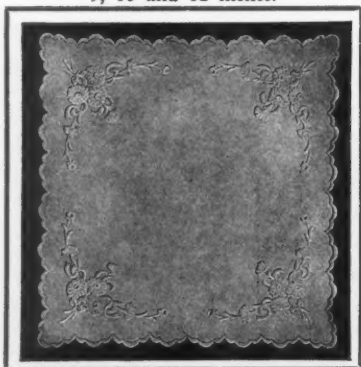
Daisy Pattern Oblong Tray Cloth



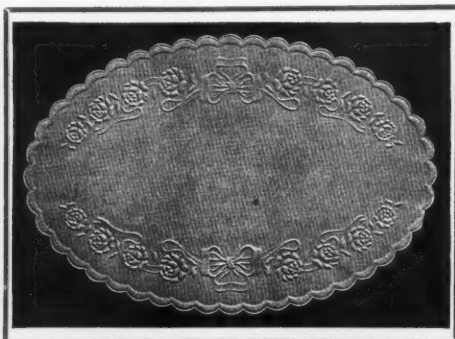
Pattern 400—Sizes 5, 6, 7, 8, 10 and 12 inches.



Wheat Pattern—Sizes 4, 5, 6, 7, 8, 9, 10 and 12 inches.



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10 x 15	" " " " " "
12 x 12	" " " " " "
12 x 15	" " " " " "
12 x 16	" " " " " "
12 x 18	" " " " " "
15 x 20	" " " " " "
16 x 22	" " " " " "

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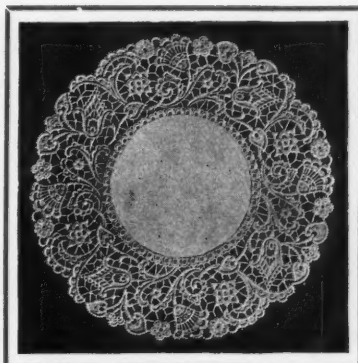
* MARquette 5321

* ADelaide 6141

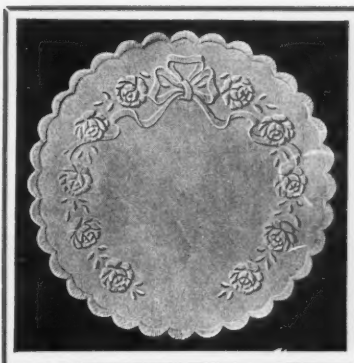
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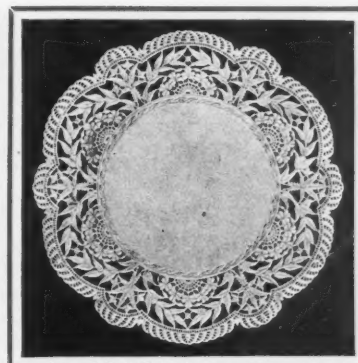
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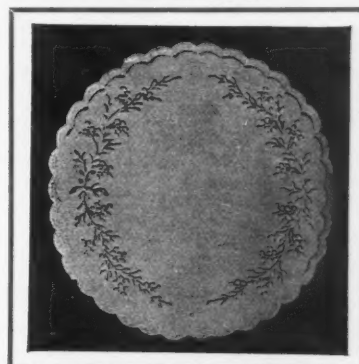
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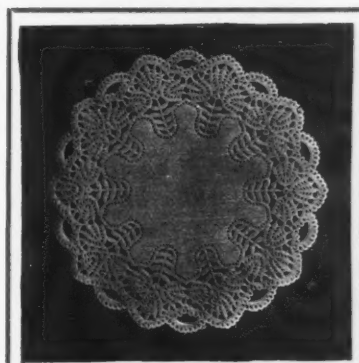
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12 x 18 and 15 x 20

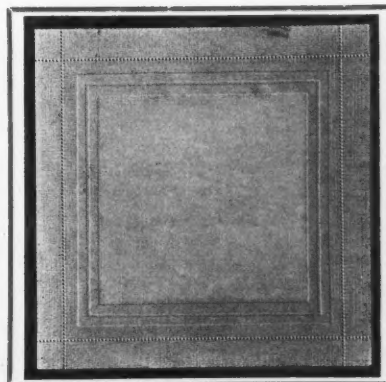
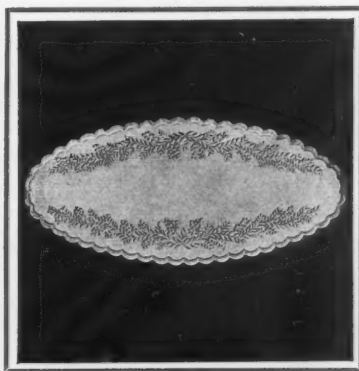
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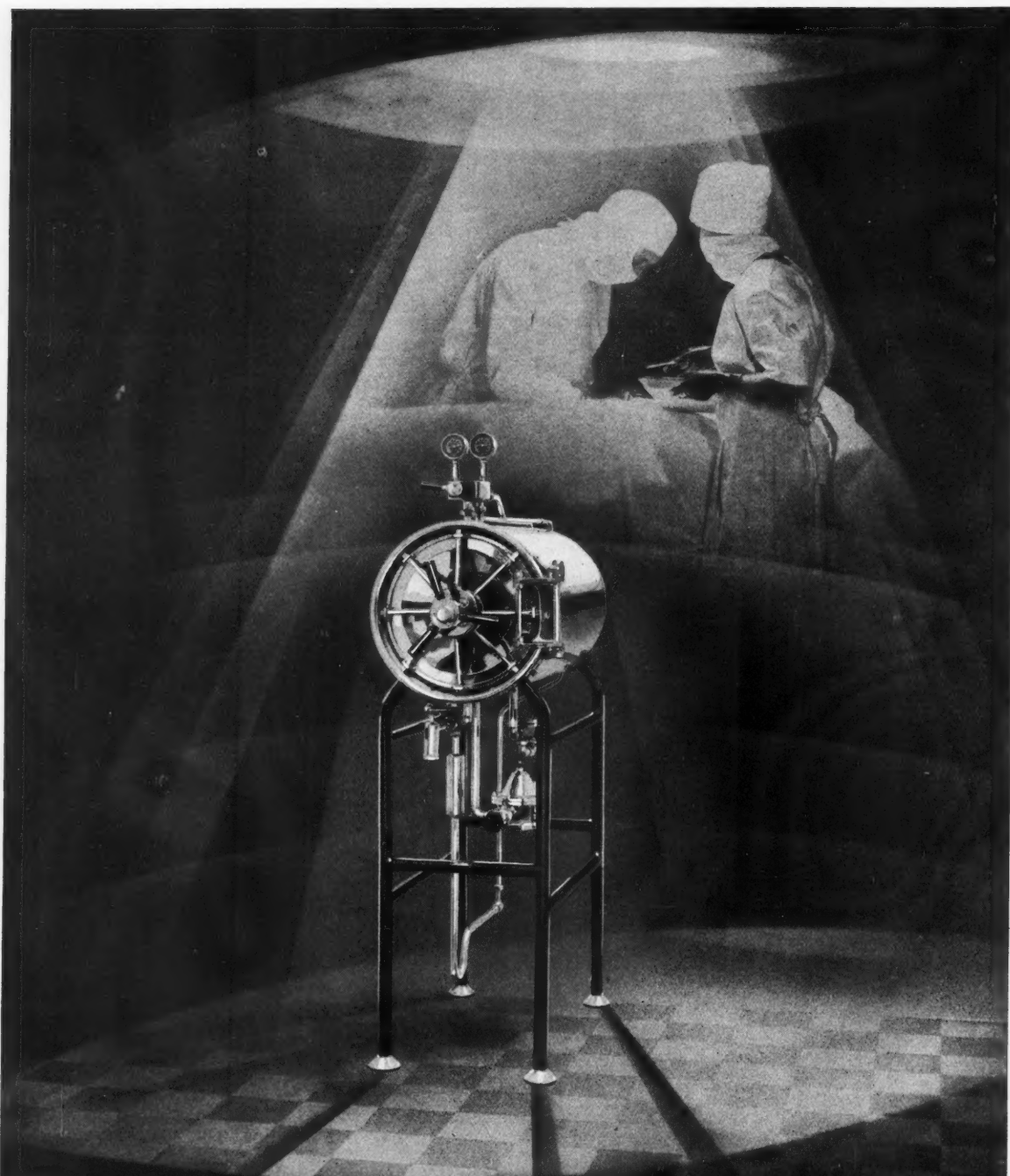
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Vol. 7.

OCTOBER, 1930

No. 10.

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Your Co-operation Will Help Us to Help You

A POEM came to our editorial desk recently. This was a very ordinary poem, in fact some might consider it a far cry from poetry. Be that as it may, it was saved from obscurity by its astute philosophy of co-operation. Let us consider what two authorities have to say concerning the meaning of this word. Noah Webster defines co-operation as "the act of working or operating together to one end; joint operation; concurrent effort or labour." Funk and Wagnalls Standard Dictionary defines the word in much the same way—"joint action; profit-sharing."

Note what the unknown author of this poem has to say on the matter:

CO-OPERATION.

You have a dollar; I have a dollar;

We swap.

Now you have my dollar; I have yours—

We are no better off.

You have an idea; I have an idea—

We swap.

Now you have two ideas; I have two ideas—

Both are richer.

What you gave, you have; what you got,

I did not lose.

This is co-operation.

These two much-quoted authorities and the unknown author seem to agree, do they not, on the subject of co-operation? Each in our editorial opinion, however, makes a definite contribution to the philosophy of co-operation. Webster thinks of co-operation as "the act of working or operating together to one end." It is quite obvious that hospital and allied institutions are co-operating, for all are working toward one goal, the alleviation of the sufferings of mankind. Funk and Wagnalls defines it as "profit-sharing". An excellent thought is expressed in this phrase, for in working together, which is after all the basis of co-operation, the profits are shared by those who contribute to the effort. It is in the nature of things that this should be so. Knowledge is the outcome of experience, and experience is the result of work, and for hospitals all work should be co-operative.



But in our opinion the unknown author of this humble poem goes even deeper into the philosophy of co-operation, for the word takes on a new meaning as the result of a homely contrast. The "swapping" or exchanging of material things leaves neither party the richer, whereas the exchange of ideas makes both parties doubly rich. Nothing is taken away, something is always added.

It is for this ideal of co-operation we plead. Having ascertained something which you find is valuable to your institution, why not share it with your co-workers, all of whom have the same goal in view? It may not be applicable to the problems of others, but there is a ten to one chance that it is, and if it is not universally applicable we venture to predict that it will answer the needs of at least one harried hospital executive. Broadcast it to your fellow-hospital

workers, contribute it to the ever-growing fund of information which is constantly being collected. Would you not like to feel that you have made one worth-while contribution to the fund of human knowledge, especially as it affects your particular calling?

This preamble gives us an opportunity to mention something which has been on our editorial mind for some time. The Canadian Hospital endeavors at all times to present for its readers' attention the newest in hospital procedure, thought and administration, gleaned always from the most reliable and authentic sources. We would like to feel that you appreciate our efforts. As a matter of fact we think you do, for many letters in our files testify to this fact. It affords us much pleasure to receive letters now and again from hospital and nursing executives in the United States asking for regular copies of the Canadian Hospital. Some of them have been engaged in Canadian institutions at some time or another and wish to keep up their contacts; others are frankly interested in what Canadian hospitals are doing for matters of comparison.



But we cannot present the newest in hospital thought, procedure and administration without your co-operation. Many hospital executives, associations and departments may always be depended upon to answer our enquiries, write an article when requested, send us items of interest, forward clippings from their local newspapers. To them we offer our sincere and heartfelt thanks. It is they who lighten the burdens which weigh upon our editorial shoulders. But what of the hundreds of hospitals from whom we never hear? Hospitals are busy places we know, and there is not a hospital executive, we venture to say, who does not feel that an assistant would be the *summum bonum* of existence. But it is this very activity which makes possible hospital news.

We would probably be swamped if we were to receive but one informative letter per year from each and every hospital in the Dominion of Canada. But being swamped would not worry us one-half as much as not having your co-operation. So, will you not make a mental promise now to send us at least one communication a year? Tell us what you are doing at your hospital, what new equipment you have installed, how it is functioning, about your building plans, about the new members on your staff, any new methods you have been trying out and their success or failure, what you are doing to keep public interest in the hospital alive. Do not think anything too unimportant, for it may be vastly significant to some other hospital executive.

In other words, we ask your CO-OPERATION.

A good journal, an inspiring book or a quiet talk with someone who has something to impart will do much to make up the losses that we constantly undergo through our contacts with the sick and those who labor for their relief.—Colby Rucker.

Advantages of State Health Insurance Outlined

AT the recent Convention of the British Columbia Hospitals' Association, the subject of State Health Insurance was discussed by Mr. C. H. Gibbons, Secretary of the British Columbia Royal Commission on State Health Insurance and Maternity Benefits. Some of the advantages of this system were outlined by Mr. Gibbons as follows: Reduced average cost to below that possible under existing voluntary employees' benefit association schemes; eliminating costs of such services; employers will gain by decreased interruption of sustained capacity efforts of employees through the betterment of health standards anticipating and preventing development of illness, enhanced general efficiency born of relief from workers' worry and extension of the span of activity of experienced employees; reduction of abnormal charges now carried by the province and municipalities in connection with health protection and care of the sick.

In addition to the foregoing the following advantages are suggested: Aid for hospitals and physicians subsidies will be reflected in reduced taxation; a major portion of sickness costs burden now placed upon province and municipalities through non-payment of hospital charges will be eliminated with such costs being made 100 per cent. collectable by health insurance machinery. These are the advantages of the scheme which we know will be found most interesting to our readers. There is too, continued Mr. Gibbons, growing appreciation by the heads of important business interests of the dollars-and-cents advantages of doing everything humanly possible to maintain industrial workers in full health and fitness — this is not humanitarianism and not benevolent charity, but an essentially sound business policy.

The speaker gave Canada's sickness costs as more than \$311,000,000 annually, and the nation's hospital upkeep bill as exceeding \$250,000,000 annually. He said that in British Columbia last year sickness insurance losses of \$151,713 were paid by casualty insurance corporations, as against gross premiums of \$226,693.

Ontario Cabinet Changes of Interest to Hospitals

Ontario's Government has undergone drastic changes at the hands of Premier Ferguson in the last month or six weeks. The principal accomplishment by the re-organization is the admission of a new Minister of Welfare, who will function along the lines suggested by the Royal Commission. The Reverend W. G. Martin, of Brantford, the first Minister of Welfare, has been engaged for years in social service work in addition to his other duties, which fact gives him a suitable background of experience for his new position. The duties of the Provincial Secretary will be lightened as a result of the creation of this department.

The Honorable Mr. J. M. Robb will have authority over health only, instead of Health and Labour, as did his predecessor, the Honorable Dr. Forbes Godfrey.

Banting Institute is Formally Opened By Lord Moynihan



DR. FREDERICK G. BANTING

TORONTO, so named by the Indians because of its advantageous position as a "meeting place," became for a day the meeting place of a representative gathering of physicians, surgeons and research workers on the occasion of the opening of the Banting Institute, so named in honor of the discoverer of Insulin, Dr. Frederick G. Banting. The opening celebrated the decade of Insulin, the interim of which has served to prove the efficacy of this discovery as a means of saving life and as an incentive to the scientifically minded to follow Dr. Banting's commendable example.

The occasion brought glory to the University of Toronto, Dr. Banting's Alma Mater, and to the Toronto General Hospital as well, because of the latter's close association with Dr. Banting's experiments, and because the Institute fills the dual role of research centre and Pathological Department of the hospital. The first phase of the formal opening took place in Convocation Hall under the chairmanship of the Reverend Canon Cody, who is Chairman of the Board of Governors. Representatives from the Universities and Colleges on this continent and abroad were present, each being presented to the Chairman and each bearing the felicitations of the University or College which he represented.

Lord Moynihan of Leeds gave the address. At the conclusion of this address the guests then proceeded to the Banting Institute, where the portrait of Lord Lister, which hangs above the fireplace in the library, was unveiled by Lord Moynihan. This beautiful portrait in oils, by Wyley Grier, was presented by the late Dr. F. LeM. Grasett and Dr. H. St. G. Baldwin. A tour of inspection was then made.

In the afternoon a special Convocation was called by the University of Toronto, at which honorary degrees were conferred upon the following: The Right Honorable Lord Moynihan of Leeds, President of the Royal College of Surgeons of England, the degree of LL.D.; Thomas Stephen Cullen, M.B., Professor of Clinical Gynaecology, Johns Hopkins University, the degree of LL.D.; Charles Seward Blackwell, Chairman of the Board of Trustees, Toronto General Hospital, the degree of LL.D.; Davidson Black, M.A., M.B., Professor of Anatomy, Peiping Union Medical College, Peiping, China, the degree of D.Sc. in absentia. At the conclusion of Convocation, a reception was held in University College, the garden party planned having been cancelled owing to inclement weather.

In the address made by Canon Cody reference was made to the recent history of the Toronto General Hospital, with emphasis on the new Private Patients' Pavilion, the extension of the hospital's accommodation for public patients, the purchase of the old Pathological Building for the use of the X-Ray Department and others, and the dual role of the Banting Institute as a research centre and the Pathological Department of the institution. Reference was also made to the grant offered by the Rockefeller Foundation when the four conditions set down were fulfilled, the last of which was completed satisfactorily with the opening of the Institute.

A minute description of the building was given by the speaker, its close connection with the Toronto General Hospital being stressed. The building is constructed in Georgian style. It is fire resistant, of red brick with stone trim. It is of steel and concrete construction, shaped like the letter E and boasts 91,000 square feet of floor space. It was rushed to completion in record time considering the innumerable details which claimed attention. Construction commenced in November, 1928, and the building was ready for occupancy even before the date of the official opening, September 16th, 1930.

An important feature is the tunnel which connects the public ward section of the Toronto General Hospital with the Banting Institute. It is 160 feet long, and is on the sub-basement level. Adjoining the entrance to the tunnel is an autopsy theatre which accommodates 108. The basement and two upper floors are



The above interesting group, taken aboard the Canadian Pacific liner *Duchess of York*, between Quebec and Montreal, includes (centre) His Excellency Lt.-Col. T. R. St. Johnson, C.M.G., Governor of the Leeward Islands; (right) Lord Moynihan, K.C.M.G., F.R.C.S., President of the Royal College of Surgeons of England; and (left), Captain J. P. N. Whitty, A.D.C. to His Excellency Lt.-Col. St. Johnson.

Lord Moynihan attended the joint convention of the British and Canadian Medical Associations at Winnipeg. After an extended tour in Canada, Lord Moynihan spent several days in Toronto, where he formally opened the Banting Institute and unveiled the portrait of Lord Lister which hangs over the mantel in the Institute library. At a special Convocation called by the University of Toronto, the degree of LL.D. was conferred upon him.

Continued from preceding page

under the presiding genius of Dr. Thompson, this including the departments of pathology and bacteriology. There are five separate pathological museums where groups may be taught. The ground floor lecture theatre will accommodate 210 students. Laboratories for routine hospital pathology are located in this section of the building.

The second floor is supervised by Dr. Klotz, also of the department of pathology and bacteriology. A saving of time, space and money has been effected by combining research rooms and teaching laboratories. The *piece de resistance* of the Institute, the Library, is located on the third floor. As Canon Cody remarked, this is the only part of the building where the commit-

tee can be accused of spending with a lavish hand. The Library is panelled in Canadian red birch. The hardwood floor is laid in parquet arrangement. Over the marble fireplace hangs the portrait in oils of Lord Lister. Beneath it and embedded in the masonry is a brick from Lord Lister's ward in the Royal Infirmary, Glasgow, presented by Professor Irving D. Cameron.

The fourth floor is under the direction of Dr. Harding. On this floor there is Dr. Duncan Graham's laboratory with accommodation for 200 medical students. There are also the usual research and routine laboratories and a special fireproof laboratory in which dangerous experiments may be carried on. A tribute was paid to Dr. Harding, who was said to be respon-

Continued on page 45

Splendid Female Chronic Building Opened at Essondale Mental Hospital

*New Veterans' Unit is the Next Step in an Extensive
Scheme of Enlargement*

THE necessity of providing increased accommodation for women suffering from mental afflictions has been met by the Province of British Columbia in the erection of the Female Chronic Building of the Provincial Hospital at Essondale. The plans of the building, which were produced by the chief architect of the Department of Public Works, Mr. H. Whitaker, were acknowledged at the time to be of outstanding character, and the result fully justifies the opinion. Public tenders were invited for its construction, the contract being awarded to Pacific Engineers Limited, of Vancouver. The contract price was \$1,452,996.00.

Following the policy of the Government, articles manufactured in British Columbia, such as the boilers, brick, stone, lumber, were given the preference, whilst several new industries were actually created, such instances being the manufacture of steel sash, doors, partitions and grilles. The construction of the new building was commenced on November 27th, 1928, and culminated in the official opening by Premier S. F. Tolmie on Friday, July 18th, 1930.

The Provincial Mental Hospital, of which the Female Chronic Building is the latest unit, is administered by Dr. A. L. Crease under the supervision of the Hon. S. L. Howe, Provincial Secretary. The capacity of the new building is 700 beds. It is conceded to be an outstanding one of its kind on the North American Continent. It is five storeys high, with east and west wings and centre section. The upper floor is to be used exclusively for occupational therapy. Other activities will be undertaken from time to time with a view to easing the unfortunate lot of the patients. Besides being one of the finest forms of treatment, occupational therapy is said to have other advantages, in that it gets the patients away from the wards and day rooms and allows opportunities for social intercourse among the patients of the various wards.

A hairdressing parlour is provided, and will no doubt be one of the busiest departments of the hospital. It is thought that it will have a therapeutic value in helping the patient to retain her self respect through an attractive and neat appearance. There is elevator service between all floors, which allows for easy access from one part of the building to another. The fourth,

*Nearly One and a Half
Million was expended
on this large structure
for Women with Mental
afflictions.*

fifth and second floors are identical in each wing, and each floor is subdivided into wards of various sizes. Each ward contains from three to twenty beds. Each wing has its attendant day rooms, sun parlours, porches, baths, showers, utility rooms, nurses' rooms, clothes rooms, property rooms, linen closets, examination rooms and fire escapes. There are also a number of single rooms in each wing for disturbed cases.

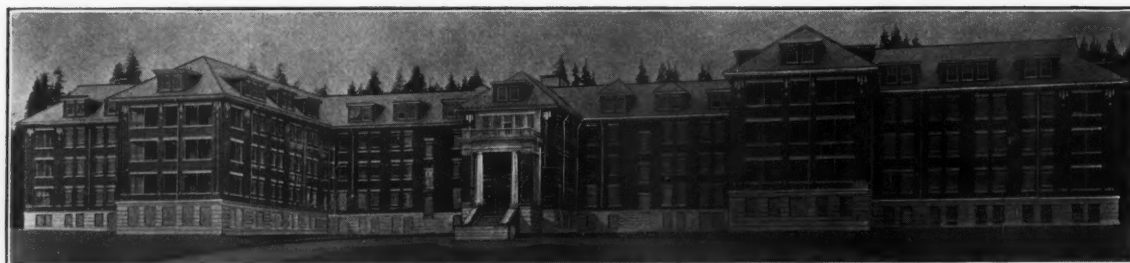
The fourth floor will be used mainly for the more disturbed cases, while the third floor houses the sick and injured and has special infirmary equipment for the treatment of physical as well as mental illness. Each of the floors has its own dining room and diet kitchen to take care of these patients. The lower or main floor has wings similar to the other floors, with the central section housing the executive offices for the staff, matron's office, clinics, waiting rooms, etc.

At the rear are the staff and patients dining rooms, refrigeration units, kitchens and store rooms. Cooking is done mainly by electricity, and is arranged on a thoroughly modern plan. Electric dumb waiters take the food to the upper floors for the disturbed and infirmary patients, while all other patients who are able come to the dining room for their meals.

Walls are finished in tile, so also are the floors in bathrooms, showers, kitchens and dining rooms. Floors generally are of maple in the wards and day rooms, while office floors are covered with battleship linoleum. The disturbed wards are specially treated. All the cut-off doors to the different sections and to the stairway and outside doors are of hollow steel, and all windows except on the top floor are of steel sash.

A complete laboratory has been installed, as well as a post mortem room and clinics, including those for the treatment of eye, ear and nose troubles. The building itself is constructed of reinforced concrete, with brick veneer and stone trim, with a slate roof. It is 600 feet long, and measures 2,000 feet around the structure. The building is heated with direct radiation, the heat being generated at the main boiler plant outside, with service lines in concrete ducts to the building.

The colour scheme throughout the structure has been well planned, and is achieved by painting all the walls and ceilings in the different sections in cream, ivory,



New Female Chronic Unit of the Essondale Mental Hospital, Essondale, B.C.

green, pearl, blue, etc. Delicate pastel shades were chosen for the dormitories. These include Peach Blossom, Bovary Blue, Dryad Green and soft Norwich Canary.

A rich mahogany finish is used in the main entrance hall and in the office, while the corridor walls have been finished in Soudan Ivory. The main entrance hall is finished in terrazzo, with marble inlay of a very attractive design. The radiator covers and adjoining window sills are of pre-cast terrazzo in slabs up to fourteen feet in length, being composed of a very harmonious mixture of Travertine and Persian Red marble.

Something of the magnitude of the ventilating system may be gathered from the fact that it requires 14 large electric fans to keep the air in circulation. The temperature of the air is kept even by a system of automatic control. A volume of thirty cubic feet of air per minute is provided for each person, and there are eight complete changes of air in each room every hour. All air is water-filtered.

A special feature of the locks on the ward doors is the indicating knobs. These greatly facilitate matters for the warders, showing them at a glance whether or not a key is required. These locks, as well as other finishing hardware, are made of solid bronze. The majority of the fixtures were made in England. Almost 6,000 cubic feet of stone—some 500 tons—have been used for the front entrance and for general trim. With the exception of a little carving, the stone is marked by its unbroken simplicity, which lends an air of dignity and impressiveness.

Great care has been taken to prevent patients from being burned, the 26,000 square feet of radiation being concealed behind grilles. The elaborate system of hot water supply also prevents the scalding of patients. Water is pumped to the different sections of the building by centrifugal pumps, and the temperature is automatically controlled.

Electricity plays a leading role in the new unit. It is used for both cooking and refrigeration. The clocks are electrically operated, and there is an electric paging system for the attendants. The comfort and recreation of the patients has been consulted by the installation of one of the most modern types of combined radio and gramophone. This is centrally located, and the day rooms are wired for loud speakers, these being operated

from the central set. All kinds of labour-saving devices have been installed in the kitchens, including automatic dish washers and potato peelers. Steam tables, urns and warming ovens also facilitate the preparation of food.

Another unit is under construction at the present time, we are told by Mr. D. M. Le Bourdais, Director, Division of Education, The Canadian National Committee for Mental Hygiene. This unit will be the first unit of an infirmary and administration group. To fulfil a political promise, the new building will be known as the Veterans' Unit, although there can be obviously no discrimination between veterans and others when it comes to treatment therein.

This building is to act as a male infirmary and to house the various veterans at this institution. It is the first unit of the infirmary, diagnostic clinic and administration building, as has been said before. It will be built on the airplane plan, this unit being one wing, the female infirmary eventually supplying the other wing. The administration unit and diagnostic clinic will represent the body of the plane. The building will house 155 patients on the male side and an equal number on the female side. It is three storeys in height, with partial lower storey in addition, reinforced construction throughout, brick and stone veneer, asbestos slate roof in colour blends.

It is designed in elevation totally different from the other units; an endeavour has been made to avoid the hard, institutional aspect. Wards have been kept down in size, the largest being 20 beds, others 10, 4 and 2 beds, and single rooms. All are complete with good-sized day rooms and verandas, and there are communicating lavatories between day rooms and dormitories.

On the ground floor are located recreation rooms and occupational rooms of ample capacity for the number of patients in the wing. Each floor has linen rooms, clothes closets, property rooms, waiting rooms, diet kitchens, utility and such service accommodation. The wards have low division walls the height of the back of the bed, so that each bed is separated. There are lockers for clothes, bedside tables and other hospital equipment provided. Each room is decorated differently to avoid the old aspect of mental hospitals.

A tunnel is provided to connect with a new kitchen unit in connection with this building, which is two storeys in height. The lower storey is for patients, and the upper storey for staff.

British Columbia Hospitals' Association Plays Host to Two U.S. Associations

THE joint Convention of the British Columbia Hospitals' Association, the Western Hospital Association and the Northwest Hospital Association, which was held from August 19th to 22nd at the Hotel Vancouver, Vancouver, B.C., is, we believe, the first instance of a state and a provincial hospital association meeting on Canadian soil. That the Convention was a success is attested by the following paragraph which appeared in the report of the event in the Western Hospital Review: "A program unsurpassed at any hospital conference, national, provincial or state, was presented. The ablest speakers to be found were on the program and were there to speak; almost no substitutions were made, and the subjects were well presented, provoking a great deal of discussion." And again: "Everything possible was done for the pleasure and entertainment of the members, aside from a valuable program."

Such joint conventions are to be sponsored, in our opinion, cementing more closely as they do the ties that bind two sister nations, in addition to providing a means of discussing common problems and the consequent opportunity of eliciting a greater number of valuable suggestions and comments.

The Convention met under the joint chairmanship of Mr. J. H. McVety, President of the British Columbia Hospitals' Association, and Mr. G. W. Olson, First Vice-President of the Western Hospital Association. Registration of delegates commenced at nine o'clock on Tuesday morning, August 19th. After the usual Invocation, an address of welcome was made by His Worship, Mayor W. H. Malkin, of Vancouver, B.C. The Presidential addresses of Mr. McVety and Mr. Olson followed. The morning session was concluded by reports from the Nominations and Resolutions Committees. Luncheon was then served in the Hotel Vancouver, at which Dr. W. B. Burnett, of Vancouver, spoke to the delegates assembled.

Mr. Olson presided at the afternoon session, during which the following papers were ably presented: "Financing of Hospitals in British Columbia—Government Aid, etc.," by Dr. H. E. Young, Provincial Health Officer, Province of British Columbia; "The Ratio of Hospital Personnel to Patients," by Dr. Malcolm T. MacEachern, Director of Hospital Activities, American College of Surgeons; "The Hospital, the Doctor and the Patient. The Function of the Hospital in this Triumvirate," by Dr. Howard H. Johnson, Director of St. Lukes Hospital, San Francisco, California; "The Relationship of the Medical Profession to the Hospital,"

West Coast Hospital Associations meet under most favourable circumstances and benefit from discussion of common problems.

by Dr. G. Harvey Agnew, Secretary, Department of Hospital Service, Canadian Medical Association; "Hospital Publicity and Community Relations—A Better Understanding," by Matthew O. Foley, Editorial Director, Hospital Management, Chicago, Illinois. A general discussion followed, in which many delegates took part.

The annual banquet took place on Tuesday night in the Hotel Vancouver, with Mr. McVety presiding as toastmaster. The Invocation was rendered by the Reverend C. C.

Owen of Vancouver. The speaker for the evening was Sir James Barrett, K.B.E., C.B., C.M.G., M.D., F.R.C.S., Melbourne, Australia. His topic was "Victorian Bush Nursing System." Urging a co-operative system of hospital administration and declaring it to have been the means of preventing the insolvency of the leading Australian institutions, Sir James Barrett told the delegates that the system had proved a great success in connection with the Victoria Bush Nursing scheme in the Antipodes. Under this scheme there are forty-four nursing centres and twenty-five hospital centres. Subscribers pay an annual fee, and should they require nursing or hospital attention this fee covers the cost of such service. Others who do not subscribe pay the full rate. This plan encourages interest in the hospital and nursing service provided, and provides a means of paying for the cost of illness while in good health, instead of being faced with such cost when the income is temporarily discontinued.

At the banquet Dr. Malcolm T. MacEachern, former superintendent of the Vancouver General Hospital, was presented with a beautiful silver tea service by Mayor Malkin as a token of the city's appreciation of this eminent man's gratuitous services in connection with the recent hospital survey of Greater Vancouver. Dr. MacEachern voiced his admiration for the harmonious co-operation shown on all sides in the administration of the Vancouver General Hospital, declaring the hospital unique in this respect.

With Mr. Olson presiding, the Nursing Section met in a Round Table Conference on Wednesday morning, with Miss Emily L. Loveride conducting the Conference. The following papers were presented: "The Changing Nursing Era," by Miss Carolyn Davis, Superintendent of Everett General Hospital, Everett, Washington; "Should the Small Hospital Conduct a Training School," by Miss Clara E. Jackson, Superintendent of King's Daughters' Hospital, Duncan, B.C.; "Affiliation of the Small School of Nurses with the Larger School," by Miss Helen Randall, Registrar

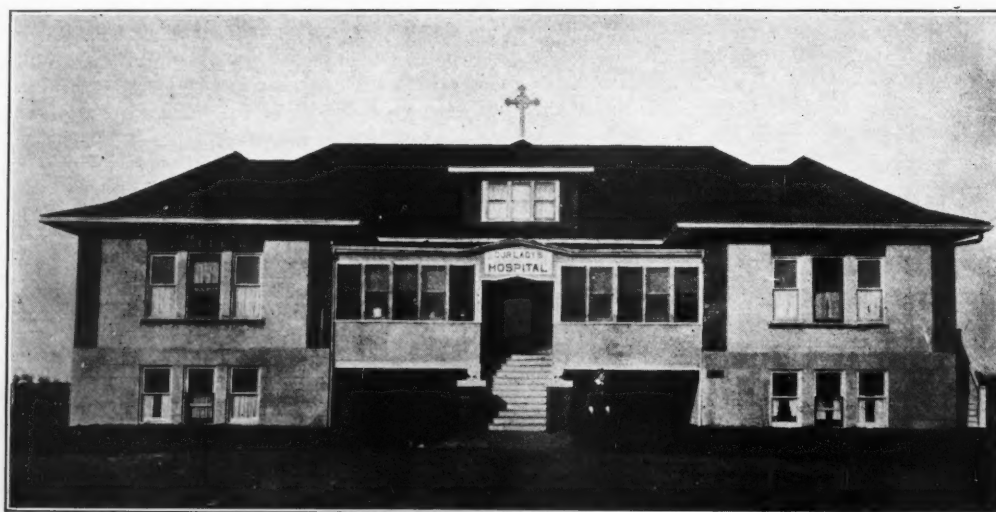
British Columbia Nurses' Association, Vancouver, B.C.; "Nursing Education," by Sister John Gabriel, Educational Director for Schools of Nursing, Sisters of Charity of Providence in the Northwest, Seattle, Washington; "University Courses for Nurses," by Miss Mabel F. Gray, Assistant Professor of Nursing, University of British Columbia; "Dietetic Courses for Nurses," discussion opened by Miss Grace Fairley, Superintendent of Nurses, Vancouver General Hospital. The scope and penetration of these papers indicates the importance of nursing education, which is, we think you will agree, one of the most discussed topics among hospital administrators to-day.

The Round Table Conference which comprised the afternoon session was given over to the Dietitians attending the Convention. This section was conducted by Miss Ethel Pipes, Chief Dietitian, Vancouver General Hospital, and Sectional Chairman of Dietetics, Western Hospital Association. The papers presented were as follows: "Nutrition with Reference to the Philosophy of Life," by Dr. H. W. Hill, Director of Laboratories, Vancouver General Hospital, and Professor of Nursing and Health and of Bacteriology, University of British Columbia; "Preservation of Fresh Foods by Freezing," by Mr. Harry R. Beard, M.Sc., Vancouver, B.C., Director of Scientific Research, New England Fish Company; "Some of the Newer Phases of Nutrition," by Miss Martha Koehne, University of Tennessee, Vice-President of the American Dietetic Association; "Food Costs and Food Buying," by Mr. G. W. Olson, Superintendent of the California Hospital, Los Angeles, California; "The Canadian Meat Inspection System," by Mr. J. G. Jervis, B.V.Sc., Lecturer of Veterinary Science, University of British Columbia.

The Women's Auxiliaries and Social Service Division met during the morning of Thursday, August 21st, with Mr. Olson again presiding. The subjects discussed were: "Activities of the Auxiliaries of B.C. Hospitals," by Mrs. A. C. Wilkes, Convener of Auxiliaries Committee of the B.C. Hospitals' Association; "The Value of a Women's Auxiliary to a Hospital," by Miss Grace Fairley, Superintendent of Nurses, Vancouver General Hospital; "The Value of a Social Service Department to a Hospital," by Miss Amelia Feary, Director of Social Service, Doernbecher Memorial Hospital for Children, Portland, Oregon, and "Functions of the Hospital Social Worker," by Miss Elizabeth McKinley, Field Director, the American Red Cross Society. A general discussion of matters dealt with in the foregoing papers followed.

An open session was also held during the morning of August 21st, with Dr. MacEachern in the chair. Two papers comprised this section: "Effect of State Health Insurance on Hospital Finances and Economies," by Mr. C. H. Gibbons, Secretary Royal Commission on State Health Insurance and Maternity Benefits; "The Forgotten Room," by Dr. G. A. Ootmar, Medical Officer of Health and Bacteriologist, Province of British Columbia. Luncheon followed.

With Mr. McVety presiding an open session featured the afternoon's program, which comprised the following papers: "The Value of Physical Therapy—Organization and Management of a Department in a Hospital," by Dr. Geo. A. Greaves, Director of Physical Therapy Department, Vancouver General Hospital; "Community Relationships of a General Hospital—How Developed and How Sustained," by Miss Alice Henninger, Superintendent of Pasadena Hospital, California; "Libraries and Hospitals," by Miss Helen



Our Lady's Hospital, Vilna, Alberta, operated by the Sisters of Service.

Steward, D.Ph., Director of Carnegie Libraries, New Westminster, B.C.; "Some of the Newer Developments in Hospital Equipment and Procedure," by Miss Kathryn K. Meitzler, Superintendent of New Cedars of Lebanon Hospital, Los Angeles, California.

The three Associations taking part in the Convention held their Business Sessions on the morning of Friday, August 22nd. Officers were subsequently elected, and committees made their reports. All unfinished business was likewise brought to a conclusion. From early in the afternoon until six o'clock the delegates were passengers on the steamer "Princess Louise" for a cruise about Howe Sound. Dancing and afternoon tea were provided for the entertainment of the delegates. On Saturday many attending the Convention visited the Essondale Mental Hospital, as well as Vancouver, North Vancouver and New Westminster Hospitals.

In her paper entitled: "The Changing Nursing Era," Miss Davis dealt broadly with her subject, paving the way for the papers that followed. She drew attention to the fact that supply more than equals demand, with only the fittest nurses surviving. Miss Davis' paper gave rise to a discussion of the unemployment problem in the nursing profession. One speaker declared that even marriages caused little depletion in the ranks, for many nurses remained in the profession after marriage. Miss Jackson's paper on the subject of "Should Small Hospitals Conduct Nursing Schools" was exhaustive and elicited a variety of conflicting opinions, as you might expect.

Miss Henninger declared in the course of her paper, "Community Relationship of a General Hospital," that one of the functions of a hospital is to teach the patients some of the fundamentals of health and how to take care of the body. Satisfied patients, she said, were the best advertisement a hospital could have, thereby avoiding criticism. To avoid misunderstanding of the functions of hospitals she urged that the work should be brought prominently forward. "Keep the community in touch with what the hospital is doing and with what it needs," she suggested. Taking as his subject the value of physical therapy, Dr. Greaves described the equipment necessary, emphasized the need for a carefully selected staff, and urged that the Director be a medical man of considerable experience. "It has been estimated," he stated, "that half the patients in a hospital would be the better for some kind of physical treatment. I believe that that is too low an estimate."

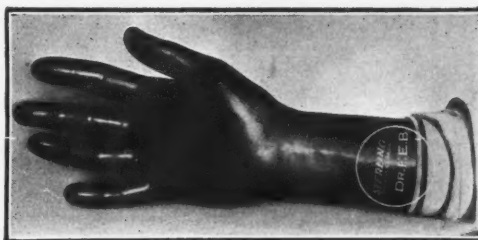
Discussing "The Ratio of Hospital Personnel to Patients," Dr. MacEachern gave illuminating statistics covering a number of years investigation of hospitals on this continent, but emphasized the point that each hospital must study its own problem and decide on the number of its own personnel. He stated that modernly constructed hospitals with modern equipment require less staff than older institutions. He recommended the elimination of the cottage plan of hospital construction and out-of-the-way wings. The present

Continued on page 38

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It is with mixed feelings of regret and pride that we read from time to time of Canadians who have attained to important positions in the United States, regret that we should have lost them as citizens and co-workers, pride because their present status reflects such credit on their homeland. An outstanding hospital worker of Canadian birth is Dr. Henry Hedden, Superintendent of the Methodist Hospital at Memphis, Tennessee. We quote verbatim from the July issue of "Hospital Topics and Buyer":

"Like a number of other outstanding executives in the hospital field, Doctor Henry Hedden, Superintendent, Methodist Hospital, Memphis, Tenn., is a Canadian. Born in Dunnville, Ontario, in 1891, he attended school there and received his medical education at Queen's University, Kingston, where he took an M.B. degree in 1916. Two years later he received the degree of M.D. and C.M. His superintendency also began in Canada at the General Public Hospital, St. John, N.B., where he interned and engaged in administrative activities until 1921. In 1917, he was made a lieutenant in the Canadian Army Medical Corps.

"Since 1921, Doctor Hedden has been best known as Superintendent of the Methodist Hospital, Memphis, Tenn., and as an outstanding organizer, particularly of hospital associations. In 1926 he organized the Memphis Hospital Association, of which he was president for two years. This year he has gone a step farther by organizing the Tennessee Hospital Association, of which he was recently elected president. He is also active in Methodist Hospital work, and is president of the Hospital Association of the Methodist Episcopal Church, South."

We congratulate Dr. Hedden on his success in the country to the south of us, and we feel certain that his former colleagues in Canada join with us in this expression of pride in his achievement.

**Digestion Said To Be Aided By Eating
Haddock Skin**

At the Atlantic biological station at St. Andrews, N.B., Dr. Komarov, of McGill University, is said to have discovered that the skin of the haddock is very valuable as a food, inciting the stomach to secrete a copious digestive juice. It has been known that fish causes a greater secretion than does meat, and this together with the tenderness of fish, makes it a very desirable food. Dr. Komarov now finds that the skin of the fish causes about 50 per cent. more gastric juice to be secreted than does the flesh of the fish, and this holds for the broth made from these as well as from the skin and flesh when eaten directly. He is now working to discover what substances of the skin cause this increased secretion.

This seems to indicate that patients should be advised to eat the skin in order to increase the digestive juice and to avoid it when there is a hypersecretion.

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“Traumatic Surgery of the Extremities”



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Brief Synopsis "Traumatic Surgery of the Extremities"



IN this new picture the camera follows the immediate operative care of an injury involving skin, muscle, tendon, nerve, vessel and bone. A typical repair of these structures is shown together with the emergency pre-operative treatment.

As all procedures are photographed at close range at the operating table, the image is large and clear and shows vivid detail.

The actual photography is supplemented by microcinematography and animated drawings

giving details of the pathology and experimental evidence upon which the procedures are based.

The establishment of collateral circulation is shown by roentgencinematography taken direct from the fluoroscopic screen.

Throughout the film emphasis is laid upon actual technique as employed in every-day hospital practice.

D & G Surgical Motion Pictures are available for bookings, without charge, to Medical Schools, Hospitals, and accredited

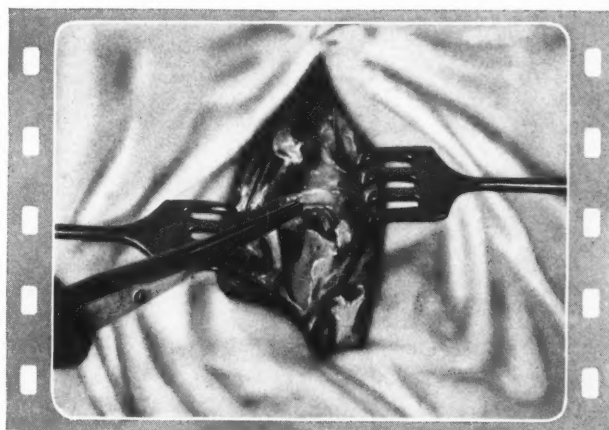
"Traumatic Surgery of the Extremities" Brief Synopsis



Professional Organizations. Each film is in four reels, requiring approximately 45 minutes projection time, and is obtainable in either the amateur (16mm) or

professional (35mm) width.

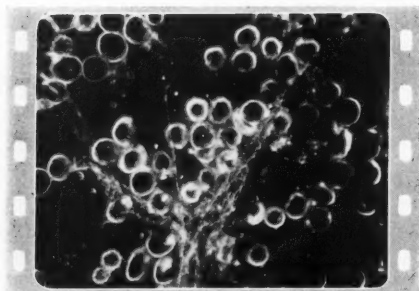
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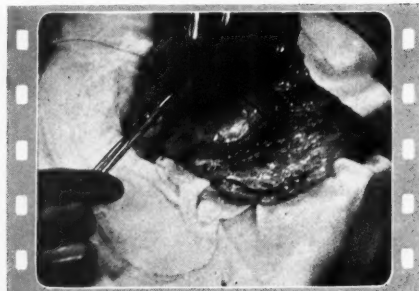
OTHER *D&G* FILMS

"The Relation of Absorbable Sutures to Wound Healing"

"Surgical Treatment of Peptic Ulcers"



"The Relation of Absorbable Sutures to Wound Healing" deals with the reaction of tissue to injury, the mechanics of the healing process, the preparation of catgut, and the factors determining its behavior under various conditions, as observed in the laboratory and in the clinic.



"Surgical Treatment of Peptic Ulcers" demonstrates the fundamentals of the pathology, diagnosis, and surgery of peptic ulcers. The closure of a perforated ulcer, a gastrojejunostomy, and a partial gastrectomy are shown in detail by close-range photography at the operating table.

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"Fete de Nuit" at Western Hospital— A Prominent Social Event

Among the foremost events of the summer social season in Toronto was the "Fete de Nuit" held at the Western Hospital, Toronto. The purpose of the event was to raise funds to send three student nurses to the Nurses' Conference at Elgin House, Muskoka. The grounds of the hospital and Nurses' Residence were "en fete," being decorated with gayly coloured Japanese lanterns. The grounds and gardens are admirably laid out for events of this kind, combining as it did tennis, dancing and general festivity.

Booths were erected on the edge of the campus where refreshments were sold, as well as gay balloons and paper caps to add a festive air to the event. Later in the evening, dancing took place in the Nurses' Residence, as it was too cool to dance outside as was originally planned. Tea and light refreshments were served on the balcony.

Aside from the worthy purpose for which the Fete was given, the event provides another instance of the esprit de corps which characterizes the institution, and which makes it a hospital where patients are happy and staff in accord, whether it be in the accomplishment of routine duties or the planning of social events such as the "Fete de Nuit."

Reason Sought for Popularity of Canadian Nurses and Doctors

Why are Canadian nurses and doctors in such great demand in the United States? Is it because of their home training or their professional excellence? What is it that American nurses and doctors lack in contrast? These were just a few of the questions which were studied a few months ago by David S. Altschul of New York City, a member of the American Hospital Association and a trustee of a Bronx Hospital, when he made a ten-day tour of the Maritime Provinces. It is said that in every section of the United States many of the higher officials in medical and nursing institutions are of Canadian birth and training.

While it was pointed out that many of these officials were trained in Canada and that their popularity might be traceable to the high educational standards prevailing in this country, on the other hand quite a number were Canadian-born but trained in American colleges to secure qualification for American registration. It was Mr. Altschul's intention to prepare a paper based on his findings upon his return to New York, probably presenting in at the American Hospital Association Convention.

Dr. Banting Operated Upon for Appendicitis

Just a week after the opening of the Banting Institute, the discoverer of insulin, Dr. Frederick G. Banting was operated upon for appendicitis at the Toronto General Hospital. Reports emanating from the hospital after the operation were to the effect that Dr. Banting's condition was very favorable.



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Oliver Mental Hospital Adds Accommodation for 112 Patients

It is thought that with the completion of the new unit of the Oliver Mental Hospital, Oliver, Alberta, that all requirements for another year or two will be adequately taken care of. The official opening of this new unit took place in June. It consists of a two-and-a-half storey building of clinker brick and stucco construction with accommodation for 112 patients. The total bed capacity of the institution is now 350 patients.

In shape it roughly resembles an aeroplane whose two wings are dormitories; central or cabin portion which is the day room, and a tail in which are located a hydrotherapy department, diet kitchen, visitors' room and physicians' examination room. The tail is connected with the other units by an enclosed corridor.

The general plan provides for excellent cross ventilation and light in both dormitories and day rooms, and it can safely be said that there are no dark corners in the building. It is proposed to use the top floor as an infirmary ward. An automatic elevator has been installed to convey the food trucks to the second floor. All bed patients and the infirm are given tray service. The ground floor will be occupied by the most trustworthy patients, to whom as much liberty will be given as possible. In view of this fact, the grilles have been left off the verandahs, so as to give a greater sense of freedom.

The floors are all covered with battleship linoleum with a terrazzo baseboard which extends about six inches from the wall. This yields a good looking and efficient floor. Bathroom floors are all white tile and the walls are finished half way up with light blue tile. This makes a pleasing contrast to the conventional white which is in general use. Terrazza is used in the single rooms. All radiators are recessed in the walls,

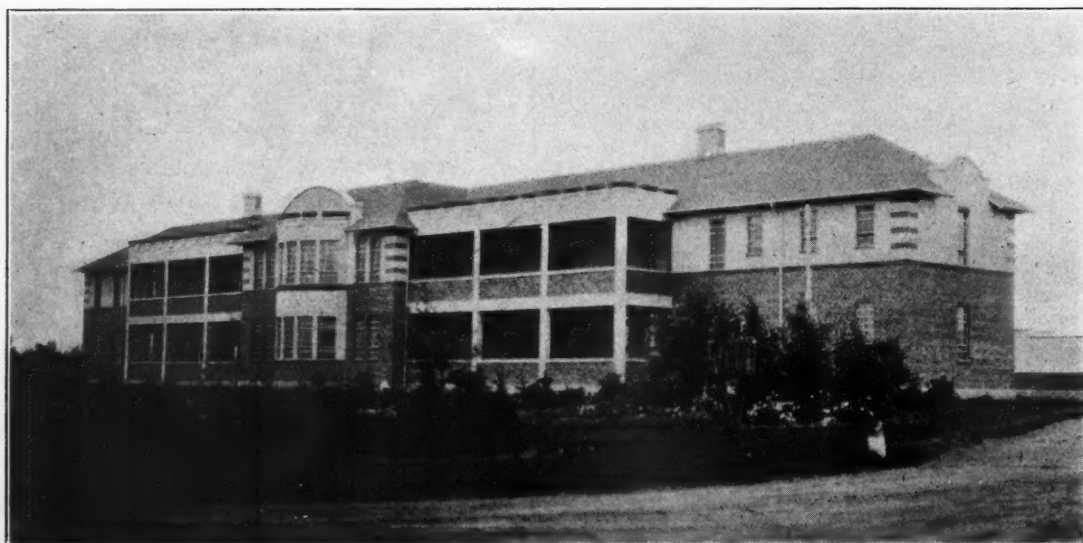
and so constructed that the recesses can be easily cleaned and washed out. In addition to the 112 patients who will be housed therein, there is accommodation for a staff of 15.

Souvenir Booklet Published Prior to Convention

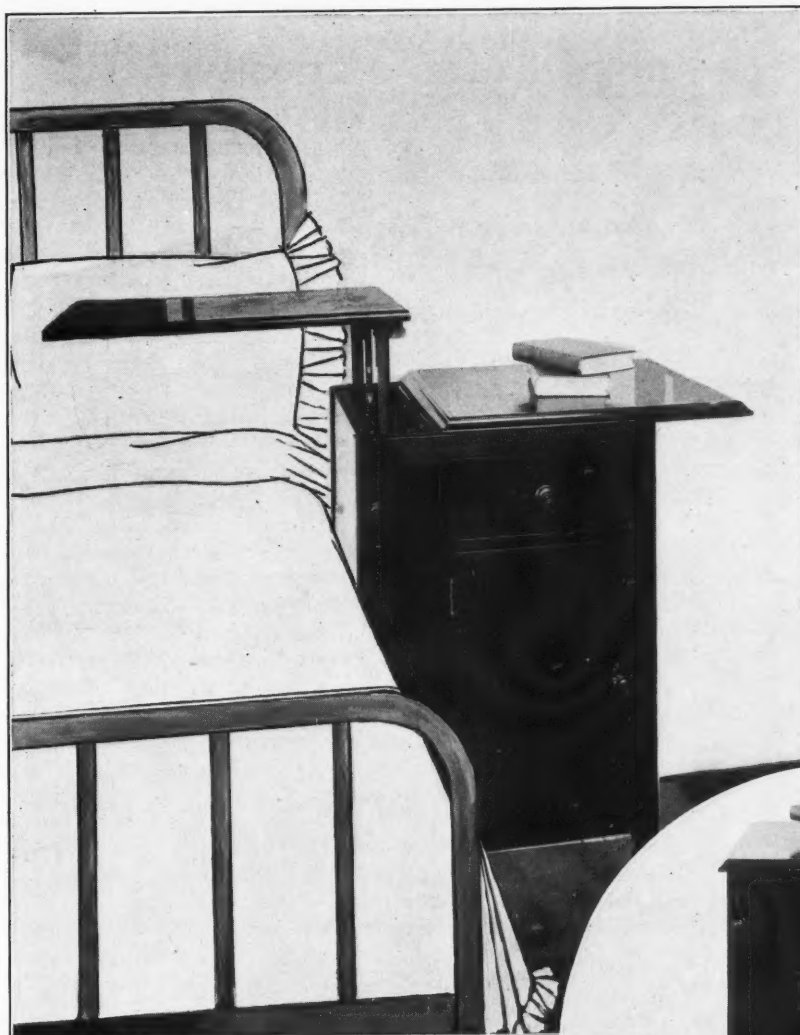
A very handsome souvenir booklet reached us prior to the Convention of the United Hospital Aids Association, which was held this year at St. Catharines, Ontario. The booklet was published by the Convention Committee at St. Catharines, and contained among other interesting data the First Annual Report of the St. Catharines Training School and Nurses' Home in connection with General and Marine Hospital as of July 1st, 1875. The photograph of Dr. Theophilus Mack, the founder of the Training School also featured the booklet.

In our opinion the booklet is a model of all that a Convention Bulletin should be, in that it gave all the data necessary and interesting to the delegates. Here are a list of its contents: Photograph of Dr. Mack, interesting facts about St. Catharines and suggested places of interest, list of Convention Conveners and the 1930 officers of the St. Catharines' Aid, photograph of the first graduating class of the Mack Training School, the First Annual Report referred to above, the Convention programme day by day, list of officers of the Ontario United Hospital Aids Association.

NIAGARA FALLS, ONT.—The 43rd annual convention of the American Association of Obstetricians, Gynaecologists and Abdominal Surgeons took place this year in Niagara Falls, Ontario. Among the Canadians in attendance were Dr. W. B. Hendry, Toronto; Dr. W. B. Van Wyck, Toronto; Dr. W. P. Tew, London.



Oliver Mental Hospital, Oliver, Alberta



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Five-year Hospital Building Program Costing \$3,750,000 Proposed for Vancouver

IT is just recently that details of the recommendations made by Dr. W. H. Walsh, of the hospital survey commission for Vancouver, which sat last fall, have become available. Many changes have been suggested, among them a five-year program of hospital construction costing approximately \$3,750,000; complete and gradual reconstruction of the old General Hospital, and the establishment of a metropolitan hospital district. The report of 350 pages submitted to the City Council of Vancouver, the directors of the Vancouver General Hospital and representatives of the Provincial Government, contained in all sixty-six recommendations. The metropolitan hospital district suggested would include the City of Vancouver, New Westminster, Burnaby, North Vancouver and West Vancouver, the district to be under the jurisdiction of a Metropolitan Hospital Board. The centralization of hospital control and the decentralization of plant were also suggested, as well as the merging of all children's hospitals in one, the endorsement of the "closed hospital" plan, and the complete separation of hospitals from the civic relief and city's medical health departments.

Six new institutions have been suggested in the report, these being as follows: Burnaby General Hospital, 100 to 125 beds; Vancouver South General Hospital, 100 to 125 beds; Point Grey General Hospital, 100 to 125 beds; a tuberculosis sanatorium near the city of Vancouver; a hospital for chronic and convalescent cases, 500 beds, on the property now occupied by the Old People's Home, and a psychopathic hospital. Dr. Walsh is reported as being of the opinion that should these hospitals be built within the next five years, Vancouver will need no further hospital accommodation for twenty years, except for the expansion which can be carried out from accrued revenue.

The commission has suggested the following construction program: 1931. Chronic and convalescent institution, first unit, \$250,000; Nurses' Home, Vancouver General Hospital, \$600,000, a total of \$850,000.

1932. Burnaby General Hospital, \$375,000; chronic and convalescent hospital extension, \$150,000; tuberculosis sanatorium, first unit, \$200,000; a total of \$725,000.

1933. Psychopathic hospital, \$375,000; Vancouver South General Hospital, \$375,000; chronic and convalescent hospital extension, \$150,000; a total of \$900,000.

1934. Point Grey General Hospital, \$375,000; tuberculosis sanatorium extension, \$200,000; chronic and

convalescent hospital extension, \$150,000; a total of \$725,000.

1935. Chronic and convalescent hospital, completion, \$200,000; tuberculosis sanatorium, completion, \$200,000; a total of \$400,000.

It is also proposed that the director-general of hospitals be a man of at least 10 years' active experience in hospital administration, and he should be acceptable to both the provincial government and the city council. The metropolitan board will not take away the autonomy of the present boards of the different

hospitals. It will, however, co-ordinate hospital activities within the metropolitan district. Four sectarian institutions will probably be affiliated to the board: S. Paul's Hospital, Grace Hospital, St. Joseph's Oriental Hospital and the United Oriental Hospital. They will, in that event, have representation on the board.

The control of the director-general of hospitals over these institutions will be merely inspectional, checking their budgets and reporting to the central body for all applications for grants of money. The commission has recommended that the two Oriental hospitals confine their activities to the care of the aged infirm and chronic cases, as it is thought that they cannot look after acute cases as effectively or as economically as the larger hospitals. The report suggests that the superintendent of the Vancouver General Hospital retain control of that institution, as well as over the branches in Vancouver South and Point Grey, and that he should work closely with the Burnaby Hospital and the tuberculosis sanatorium.

The location of the Psychopathic Hospital in the present group of Vancouver General Hospital buildings is suggested. An original plan has been formulated whereby the branch hospitals will refer acute cases requiring special treatment to the Vancouver General Hospital, treating in their own institutions only average cases. Their equipment will be such as to take care of this type of case. Technical staffs will accordingly be maintained at the branch hospital, but chief technicians will be located at the parent institution.

One of the most important items in the scheme is the chronic and convalescent hospital, which would reduce the present load on Vancouver General Hospital by about one-third. All the hospitals in the metropolitan district will send their convalescent patients to that institution. This will enable them to handle legitimate hospital cases for a long time to come without adding to their equipment. This scheme is very much similar to that in use in England, where patients from the city

The establishment of a Metropolitan Hospital District as recommended would give Vancouver one of the finest Hospital Systems in the World.

Continued on page 44

Now! a Super-Power Diathermy Apparatus

With a power output considerably greater than that of any other diathermy apparatus, making it also adaptable for the production of therapeutic fever.

THE wide adoption of diathermy by the profession in recent years is evidence that the use of this energy for the purpose of creating heat within the body has proved an effective therapeutic measure in many conditions.

Now medical science has found still another valuable use for diathermy, namely, for producing therapeutic fever (pyretotherapy). The method is simply that of raising the body temperature to any desired degree by means of the high frequency current in great volume. Temperature curves are produced without having to inject disease-producing organisms or toxic substances into the patient's circulation. According to authority,* "there is every reason to believe that this form of treatment will be useful in any of the many diseases where pyretotherapy is indicated."

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*King, J. Cash, and Cocke, Edwin W.: Therapeutic Fever Produced by Diathermy, with Special Reference to its Application in the Treatment of Paresis. South. Med. Jour., Mar., 1930.

See also Illinois M. J., LVI:3:203, Sept. 1929, "Artificial Fever Produced by High Frequency Currents—Preliminary Report." By Clarence A. Neyman, A.B., M.D., and S. L. Osborne, B.B.E.

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Annual Meeting of N. B. Association of Registered Nurses

The annual meeting of the New Brunswick Association of Registered Nurses was held at Bathurst on September 9th and 10th. A splendid gathering from all parts of the province occupied St. George's Church Hall, during all the sessions. Apart from the business agenda of the Association, the members were privileged to hear an interesting and instructive lecture on "Endocrine Glands," by Dr. Veniot, of Bathurst, another on "Post-operative Care of Mastroid Cases," by Dr. Dumas, of Campbellton, and at the banquet served to the nurses attending the convention, Dr. McPherson, of Campbellton, lectured on "Caesarean Section." In the discussion on the constitution and by-laws of the Association several important changes were suggested and finally decided upon. These will be given in the full account of the Convention to be printed in its official organ, the "Canadian Nurse." It may be interesting to note that among the Councillors we find the names of Sister Kerr, of the Hotel Dieu Hospital, Campbellton, and Sister Kenny, of the Hotel Dieu, Chatham, N.B.

News Briefs from New Brunswick

The short course in Physical Therapy planned by the Educational Department of the General Electric X-Ray Corporation of Chicago, and their associated company, the Victor X-Ray Corporation of Canada Limited, and given by Mr. Martin during the week of September second to fifth, was followed attentively and eagerly by a representative class of physicians and their technicians. Seven sisters were among the members of the class, two from St. John Infirmary, two from the Hotel Dieu Hospital, Campbellton, two from the Hotel Dieu Hospital, Chatham and one from the City Hospital, Charlottetown, P.E.I. The lectures and demonstrations were typical of the thoroughness of their service.

* * *

The Hotel Dieu Hospital at Chatham, N.B., was favoured on the evening of September 10th, by the presence of several of the representative physicians from Northern New Brunswick, who were gathered for the annual Extramural Clinic. Dr. Tisdale and Dr. Hart of the Research Laboratories and Sub-Department of Paediatrics, University of Toronto, were the speakers for the evening. Dr. Hart lectured on "Infant Feeding" and Dr. Tisdale gave a very instructive discourse on "Child Feeding," catching the interest of his audience by well chosen lantern slides. At the close of the session, refreshments were served by the Sisters of the Nursing Staff. It was a distinctive pleasure for the Sisters to have the privilege of accommodating this representative body of medical men. All the doctors on leaving expressed themselves delighted with the evening's program. Dr. Bell, of Newcastle, is to be congratulated for his splendid success in preparing for this unique evening.

Bassano Municipal Hospital Operates at Low per Diem Cost of \$2.03

The Bassano Municipal Hospital at Bassano, Alberta, operates under peculiarly auspicious conditions in that it is never likely to suffer from financial difficulties. This is the case because much of the land in the vicinity of the hospital district is owned by the Canadian Pacific Railway and that corporation always pays its taxes promptly. That income at least is assured, and the hospital at present has a surplus of \$84,000, irrespective of uncollected accounts. The Bassano Hospital has developed with the country. Before 1915 it was felt that there should be a local institution, because the sick and injured had to travel as far as Calgary and Medicine Hat for treatment prior to that time. A small hospital was built by the town of Bassano in 1915. This institution was managed by a doctor, and later by the town itself, but it did not prosper financially.

The hospital was at this time a ten-bed institution. The town of Bassano continued to operate the hospital until 1919, when the Bassano Municipal Hospital District was formed under the Provincial Municipal Hospital scheme. The accommodation was then increased to seventeen beds and again in 1928 to twenty-six beds.

The latter increase was affected through the erection of a Nurses' Home and isolation block, the latter containing four rooms. The Nurses' Home is a commodious structure containing nine bedrooms, sitting room, kitchen and bath.

The Bassano Municipal Hospital is a frame building of the bungalow type, connected with the Nurses' Home by a tunnel. The institution comprises twelve private rooms, two semi-private and two public wards, operating room, sterilizing room, X-Ray room, case room, nursery, sunroom, office, waiting room, sewing room, kitchen and diet kitchen. Both of the latter service departments are equipped with electrical refrigeration.

The staff of the hospital consists of four graduate nurses, including the superintendent, Miss M. K. Patrick, and two undergraduate nurses. The staff are kept busy, six hundred and eighteen patients having been treated in 1928. Of these, two hundred and seventeen were surgical, three hundred and five medical and ninety-six maternity. The hospital operated at the low per diem cost of \$3.03 during 1928.

There are no organized municipal districts in the Bassano Hospital District except the town of Bassano and the village of Hussar. The land is part of the C.P.R. irrigation block and ranges in value from \$5 to \$50 per acre. Land is taxed at the rate of 2½ mills on the assessed valuation of the property, with the usual arrangement for townspeople whose tax rate does not equal \$6. The hospital rate is \$1 per day for taxpayers.

TORONTO, ONT. — The Post Graduate Course for doctors and surgeons given again this year at St. Michael's Hospital proved highly successful. The attendance was considerably greater than that of last year. Besides the doctors in attendance from Toronto and other Ontario centres, there were visitors from Great Britain, the United States, Newfoundland and South America. The success of the course has enabled those who have directed it for the last two years to state that it will become a permanent feature of hospital work. It is also expected that the staff will arrange that their weekly or monthly demonstrations and clinics be open to those doctors who desire to keep in touch with certain phases of medicine.

* * *

Steadfastness is a splendid quality, but there are times when, at base, it is sheer obstinacy. An enormous number of the things on which we focus our attention are really unimportant, yet we are apt to harry our souls over them and indulge in self-approbation because we are unyielding to them. A sense of proportion, a realization of relative values, would prevent this, but we are all prone to mistake the shadow for the substance and to regard with suspicion anything that deviates from our crystallized standards. There is a mean course between this and happy-go-luckiness that keeps the ship of character headed in the right general direction and is far more comfortable to follow.—*Colby Rucker.*

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Class in Operative X-Ray Technic to be held in Toronto

An announcement of unusual interest to heads of X-Ray Departments and their technicians has just been made by the Victor X-Ray Corporation, of Canada, Limited, which will conduct a class in operative X-Ray technic at their Toronto branch from October 27th to 30th. The course will be conducted by Mr. Roy Dent, of the Educational Department. The class schedule is as follows:

Monday.

9.00 to 12.00 A.M.—

Registration and Outline of Equipment used by class members.

2.00 to 5.00 P.M.—

A Systematic Outline of X-Ray Essentials

- (a) From an equipment standpoint.
- (b) From a technical standpoint.
- (c) From an interpretation standpoint.

A Complete Analysis of the Radiograph.

- (a) From a distortion standpoint.
- (b) From a detail standpoint.
- (c) From a density standpoint.
- (d) From a contrast standpoint.

Tuesday.

9.00 to 12.00 A.M.—

Outline of Technical Procedure Based Upon the Patient.

Beginning Extremity Group.

2.00 to 5.00 P.M.—

Continuing the Extremity Group.

Outline Showing the Relation Radiographically, of Kilovolts Peak (Kv. P.) to Exposure Time and Milliamperage.

Bucky Diaphragm Group.

Wednesday.

9.00 to 12.00 A.M.—

Continuing Bucky Diaphragm Group.

Head Group, Frontal Sinus, Splenoid and Mastoid.

2.00 to 5 P.M.—

The Chest and Heart Group.

The Lateral Cervical.

Dark Room Technic.

Thursday.

9.00 to 12.00 A.M.—

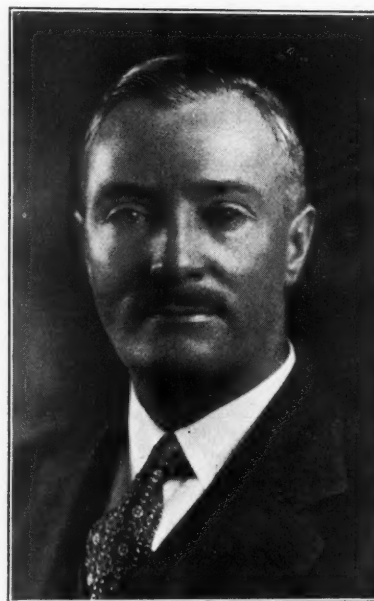
The Gastro-Intestinal and Gall Bladder Group.

2.00 to 5.00 P.M.—

Special Soft Tissue Technic.

During the week the latest technic will be demonstrated to those attending the course. This includes a new speed technic especially adapted to children and adults who cannot be immobilized for the longer exposures. Several different methods of procedure are outlined and demonstrated for each of the groups listed.

The fee for the entire course of instruction is \$35.00. This fee permits the attendance of both the director of the X-Ray laboratory and his assistant or technician. It is necessary that reservations be made as quickly as possible. Remember the dates, October 27th to 30th.



DR. A. K. HAYWOOD

Dr. A. K. Haywood Accepts Post at Vancouver General Hospital

Dr. A. K. Haywood will relinquish his duties at the Montreal General Hospital about the middle of October, having accepted the superintendency of the Vancouver General Hospital, Vancouver, B.C. Dr. Haywood has been superintendent of the former hospital for thirteen years and superintendent of the Western Hospital, Montreal, for a shorter period. His successor has not as yet been named.

Dr. Haywood was born in Toronto in 1886. He was educated at Upper Canada College and the University of Toronto, from which he graduated in 1908. From 1912 to 1914 he was assistant superintendent of the Toronto General Hospital, and saw service overseas from 1914 to 1917. In July, 1917, he was appointed superintendent of the Montreal General Hospital. He is a lecturer at McGill University School for Graduate Nurses, lecturing on hospital administration. He is also a director of the University Settlement and an associate editor of "The Modern Hospital." Among the societies of which he is a member are the American Public Health Association, the American Hospital Association and the Medical Superintendents' Dining Club of America.

WELLAND, ONT. — Dearth of accommodation for patients at the Welland County Hospital has compelled the trustees to press into service the second floor of the new wing. Ten patients were housed there in the middle of September.

The Douglas Memorial Hospital at Fort Erie Under Construction

About three-quarters of a mile from the Niagara River, on the outskirts of the village of Fort Erie, a new General Hospital is under construction. The site is on the south side of the road, permitting a north entrance and facilitating the grouping of patients' rooms along the southern exposure, which also commands a fine view across the meadow to wooded land. The property rises from the street until about one hundred and twenty feet from the street it is about seven feet above the curb. This line was taken as the front of the building for the reason that the grounds falls away again, permitting an extra storey above grade in the rear of the building. This lower storey is used for X-ray and other laboratories and for the laundry. It permits also at the east end a lower level ambulance entrance contiguous to the elevator which runs to the operating room on the floor directly above—a desirable feature in accident cases where time is a vital factor. At the west end is the service court for the delivery of fuel and supplies.

The building is of buff brick and stone in the Georgian style, and its long low lines are emphasized by a stone cornice and base course. The principal entrance, a simple Georgian motif, is in the centre of the north facade. Grouped about the entrance on plan are the administration office and public space. These rooms are panelled in wood, the centre of interest being the memorial tablet in the foyer to Dr. William Douglas, whose tireless efforts throughout his life and generous bequest made possible the building of the hospital.

On the entrance floor are the public and semi-private wards, with 26 beds and general operating suite. At the west end of this floor are the kitchen and servery, with staff and help's dining room. The top floor provides accommodation for the maternity suite, nursery, isolation nursery and private rooms for 20 beds, as well as the usual service rooms. Each of the floors with wards have two sun balconies facing the south and overlooking a garden. Future extension will be toward the south. The hospital will accommodate fifty beds in total, and is entirely fireproof in its construction.

WINDSOR, ONT.—A very complete and efficient fire alarm system has been installed in the Hotel Dieu Hospital under the supervision of the local fire chief. Throughout the building there are eleven alarm stations, one being located in each ward, all corridors, laundry, furnace room, kitchen, Nurses' Residence, dormitories and sleeping quarters of the Sisters. This means that from eleven points an alarm can be turned in direct to the headquarters of the Windsor Fire Department. When an alarm is sent in from any one of the eleven stations, it also registers in the Nurses' Residence and the quarters of the Sisters, in this way warning them of the impending danger and calling all staff on duty.

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Of the extensive number of micro methods developed from time to time the Byrd method is becoming the general standard because it is simply auxiliary to the universally used Folin-Wu ordinary method. This means that in any hospital or clinical laboratory, the use of the Byrd micro method involves no new technique in analysis and no separate reagent preparations.

The only additional equipment necessary to make this method constantly available consists of a small collecting pipette, a special reagent pipette and several small sized blood sugar tubes.

A complete discussion of this valuable method, full instructions for its use, and descriptions and prices of the special glassware needed are all included in Bulletin 105-R. Ask for your free copy.

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Continued from page 23

tendency, he said, was to save as many steps as possible in hospitals and provide more facilities for patients, all of which reduced the work load. Uniform dressings will be adopted in the near future, he stated, so that instead of two or three thousands of types and sizes there will be twenty-one standardized types made by machinery, thus saving expense. Further to the subject of personnel, Dr. MacEachern declared that the average was one of personnel to one patient. In some institutions there were more than one. An average of nurses was .62 per patient; internes one to 35 or 40 patients; closed hospitals, one interne to 25 patients; dietitians one to 100 patients; social workers one to between 150 and 200 patients.

"The hospital, through its organized medical staff, of course, should never fail to protect its patients against inferior medical care, and it should be the duty of the staff to accept this responsibility on behalf of the hospital," said Dr. Agnew, discussing the subject of "The Relationship of the Medical Profession to the Hospital." "No hospital can rise above its medical staff," he said. He recommended that hospitals should aid their medical staffs to hold frequent meetings and staff luncheons, and that staff appointments and promotions should be made solely on the basis of merit. Long years of faithful service should be recognized, but seniority to be recognized should be backed by a record of achievement, of unremitting service and of scientific zeal. With the demand greater than the supply, Dr. Agnew believes the interne problem to be a serious one, and that it is increasing because approximately 40 per cent. of the young medical graduates go to the United States for internship. Dr. Agnew believes that many hospitals which cannot find internes find themselves in this position because they do not offer the young man sound clinical instruction from an interested and scientific staff or opportunities to advance himself.

It was argued by Mr. Olson, who discussed the subject of "Food Costs and Food Buying," that in the dietetic department lay the best means of a hospital advertising its service, for patients after discharge would forget almost every other hospital experience but the kind of meals they received and the tempting manner in which they were served. He recommended that dietitians do the buying of food, that they buy at home and deal permanently with old and reliable houses. Food costs should be divided in about the following ration, he said: 25 to 31 per cent. for proteins, 25 per cent. for milk and dairy products, 25 per cent. for fruit and vegetables, 10 per cent. for bread and cereals, and 9 per cent. for sugar, cocoa, coffee, etc.

All interests in British Columbia favor a system of state health insurance, declared Mr. C. H. Gibbons before the Convention meeting. They do this, he added, in the interests of people of moderate means and as a step toward the reduction of costs of medical care and to protect hospitals against losses from bad debts. The speaker declared that the commission of which he

is secretary would undoubtedly report in favor of the enactment of a compulsory system of public health insurance. Municipal corporations of the province are said to be 100 per cent. in favor of state insurance against sickness losses, and the Canadian Manufacturers' Association members, hitherto inexorably opposed to the proposal, have now endorsed it by a vote of ten to one.

Speaking directly to members of the British Columbia Hospitals' Association, Mr. McVety said that the organization had during the past year been able to obtain a considerable reduction in the price of rubbing alcohol from the Provincial Government. Formerly the hospitals paid \$13 per gallon for this variety of alcohol. A reduction to \$5.93 per gallon was obtained, and later a further reduction to \$4.58. The Association is still endeavoring to obtain a price of \$3 per gallon. Referring to the Cleveland disaster, it was said that since then 95 per cent. of the British Columbia Hospitals had adopted a safety X-ray film, and it was expected that the Government would soon prohibit the use of nitro-cellulose film.

As a mark of appreciation for the valuable leadership of their President, Mr. McVety was again elected President of the Association. Other officers are as follows: Honorary President, Honorable S. L. Howe; Honorary Vice-President, Dr. Malcolm T. MacEachern and J. J. Banfield; First Vice-President, J. M. Coady; Second Vice-President, Dr. E. M. Pearce; Treasurer, Miss G. M. Currie; Secretary, Miss Mabel F. Gray. Regional Representatives are as follows: A. B. Glenn, Ladysmith; George Haddon, Vancouver; G. W. Marshall, North Vancouver; R. C. McCulloch, Abbotsford; M. L. Grimmett, Yale; Hugh L. Gaines, Kelowna; S. M. Crozier, Kamloops; Sister Mary Clarissa, Cranbrook; Miss Jean Harrison, Prince Rupert.

An analysis of the attendance reveals the following: delegates, members and visitors from the United States—Montana, 2; Utah, 1; Oklahoma, 1; Illinois, 3; California, 18; Oregon, 8; Washington, 33; total, 66. From Canada—Quebec, 1; Ontario, 1; Manitoba, 1; Saskatchewan, 1; Alberta, 5; British Columbia, 181; total, 190. In addition there was one registration from Italy and one from Australia, making a total registration of 258.

The next joint Convention will be held in Oakland, California, the date to be announced later.

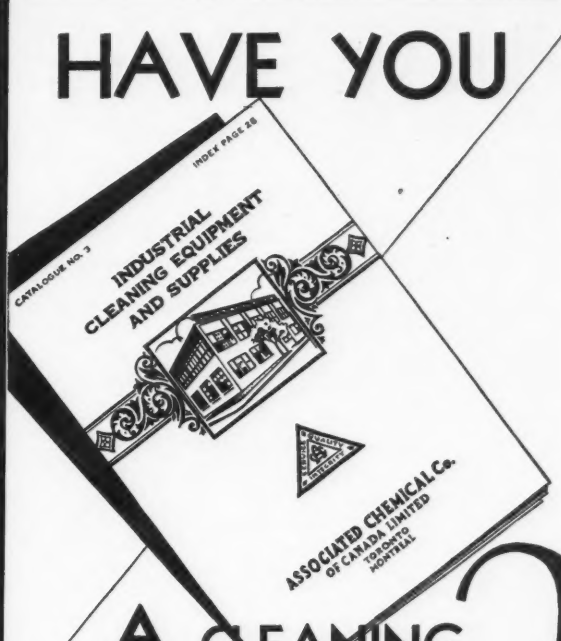
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News of Hospitals and Staffs

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*Editor's Note: Contributions of items for publication in this department will be gladly received.
Please Address, The Canadian Hospital, 454 King Street West, Toronto.*

ARCOLA, SASK.—Miss E. Ellis, of Winnipeg, formerly of the Royal Infirmary, Glasgow, has been appointed to succeed Miss G. McFayden as matron of the Brock Union Hospital at Arcola. She commenced her duties on September 6th. Miss McFayden has gone to Long Beach, California.

* * *

BROCKVILLE, ONT.—Miss Mabel Grant, a graduate of the Brockville General Hospital has left for Kearney, N.J., to accept a post in the hospital there.

* * *

DIGBY, N.S.—Receipts from the Hospital Fair amounted this year to the fine total of \$3,500, being some hundreds of dollars in excess of sums raised in previous years. The money has been donated to the Digby General Hospital fund. The new hospital is rapidly nearing completion.

* * *

DUNCAN, B.C.—Miss Ursula Whitehead, of Victoria, B.C., has been selected by the Board of Directors of the King's Daughters' Hospital at Duncan, as lady superintendent. Miss Whitehead succeeds Miss C. E. Jackson who resigned her duties at the end of August. Miss Whitehead is a graduate of St. Joseph's Hospital, Victoria, and has had about eight years' experience in private duty and institutional nursing. She spent last year at McGill University, taking a course in administration and teaching, and since then she has been instructor at the Royal Jubilee Hospital, Victoria.

* * *

EDMONTON, ALBERTA.—It is quite possible that the Salvation Army will buy the Magrath property in Edmonton for a fine new maternity hospital. If this comes to pass, Grace Hospital will be removed to new quarters, as the lease expires early in 1931. The residence on the Magrath property is said to be ideal for hospital purposes, with its wide sun porches, extensive grounds and admirable location.

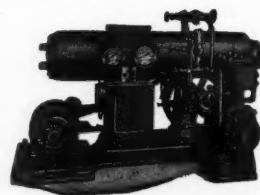
* * *

FORT ST. JOHN, B.C.—Excavations have been commenced preliminary to the erection of a new hospital building for the Fort St. John Hospital Board. The

structure, 60 by 26 feet in size, on full basement, will be two stories in height. It is hoped to have the institution, which will be in charge of the Sisters of Providence of Montreal, completed for use this winter.

* * *

FREDERICTON, N.B.—Mrs. Gordon Woodcock, who has been assistant superintendent of the Victoria Public Hospital for the past three years, has been appointed superintendent, succeeding Miss Grace Murray, who has resigned to take a post graduate course at McGill University. Mrs. Woodcock assumed her new duties early in September. Mrs. Woodcock was a resident of Amherst, N.S., but trained at Malden, Mass., graduating in 1919. Following her graduation she remained on the staff of the Malden Hospital for a year and a half, and then came to Fredericton to



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become operating room supervisor. She occupied that position for four years, then resigned to be married. Later she returned to the institution as assistant superintendent.

* * *

GUELPH ONT. — We are informed that Mr. John Armstrong has decided not to act on the new Hospital Commission and that his resignation has been received with regret by the Council.

* * *

LINDSAY, ONT.—The new plans for the Ross Memorial Hospital maternity wing are completed and have been approved by the department engineers and the Board of Governors.

* * *

MONCTON, N.B.—Miss A. J. MacMaster, superintendent of the Moncton City Hospital, has been re-elected president of the New Brunswick Registered Nurses Association.

* * *

MONTREAL, P.Q.—Announcement was recently made by the superintendent of the Montreal General Hospital, of the receipt of a donation of \$50,000, which will be expended for radium. The donor was John C. Newman, Montreal financier.

* * *

MONTREAL, P.Q.—Miss Elsie LaVerne Riach, gold medallist and scholarship winner in the graduating class of 1929 from the Regina General Hospital, has been appointed night supervisor at the Hospital for Infectious Diseases, Montreal. The \$600 scholarship received by Miss Riach upon her graduation, was used for study at McGill University.

* * *

NEW WESTMINSTER, B.C.—It is proposed to carry out rather extensive structural changes at the Royal Columbian Hospital. In all likelihood the kitchen and laundry section, a story and a half structure at present, will be raised to the height of the main building. This will give the space required for new kitchen equipment, which is felt to be urgently needed. More dining room space will also result from this change, as well as an accident receiving ward. A matron will soon be engaged to preside at the Nurses' Residence. Minor structural alterations will be made in the wards and all wards will be decorated.

* * *

NIAGARA-ON-THE-LAKE, ONT.—It was with regret that the Board of Directors of the Cottage Hospital accepted the resignation of Miss E. W. Hughes, as superintendent. It was later announced that Miss Joyce Noamed had accepted the office of superintendent in Miss Hughes' place. A new Nurses' Residence is under construction, this being financed and supervised by Mrs. Robert Gooderham.

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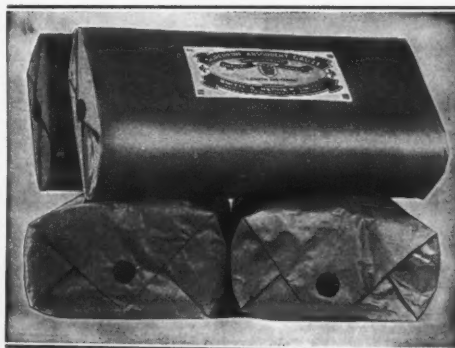
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Winnipeg General Hospital	- - -	Winnipeg, Man.
King George Hospital	- - -	Winnipeg, Man.

VISIT OUR EXHIBIT at Booth No. 11, American Hospital Convention, New Orleans, October 20th to 24th, 1930.

NICOLET, P.Q.—A grant of \$175,000 has been made by the Provincial Government to the municipality of Nicolet for the construction of a new hospital and orphanage, it was announced by Dr. Alphonse Lessard, Director of the Provincial Health Service, speaking at the second annual dinner of the Sanitary Unit of Nicolet. Work on the building of the new institution will be commenced early next spring, it is expected.

* * *

OTTAWA, ONT.—As a measure of relief for the unemployment situation which exists among the nursing profession, the board of trustees of the Civic Hospital have decided to provide an eight-hour working day for nurses on the staff. Three shifts of nurses will now be employed daily in place of the usual two.

* * *

OWEN SOUND, ONT.—Miss Mabel Sharpe, who has been superintendent of the Owen Sound General and Marine Hospital for the past year, has resigned her duties at that institution, the resignation having taken effect on September 15th. No successor to Miss Sharpe has been appointed at time of going to press.

* * *

PENDER HARBOUR, B.C.—The new Columbia Coast Mission Hospital at Pender Harbour was opened officially during the month of August. Further details will be published shortly in the Canadian Hospital.

* * *

PENTICTON, B.C.—The new hospital wing, known as the Anderson wing because of a \$10,000 donation from Mr. F. G. Anderson, has been formally opened, the ceremony being performed by Mr. P. Walker, deputy provincial secretary. The total cost of the wing was \$20,000, and its completion greatly increases the facilities of the hospital.

* * *

PRINCETON, B.C. — A new wing and a Nurses' Residence will be built in the near future for the Princeton General Hospital. The new wing will measure 38 x 69.9 feet and will be connected with the existing structure by a corridor. The wing will be one storey in height with a concrete basement. The basement will house storerooms, laundry and drying room, isolation corridor rooms. The heating chamber and fuel storage rooms will be located along the connecting corridor. On the main floor there will be located two four-bed, one two-bed and three single-bed wards, chart room, bath, utility room, case room, nursery and sunroom extending across one end of the wing. Two new wards, waiting room, kitchen and dining room will be located along the connecting corridor. Construction will be of frame, with exterior finished in shingle and stucco. The new Nurses' Residence will be of semi-bungalow construction, of frame and shingle. It will measure 52.6 x 26 feet.

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RAINY RIVER, ONT.—Miss Barbara Easton, matron at the local Red Cross Hospital has resigned from her duties and embarked for a visit to Scotland. It is expected that Miss Easton will return to Canada to resume her profession.

* * *

REGINA, SASK.—It does not seem to be generally known that the Regina General Hospital opened its doors on January 1, 1930, to nurses desiring post graduate courses in operating-room technique and maternity work. At the completion of the course, diplomas are awarded. Nurses holding them are capable of acting as doctors' first assistants.

* * *

REGINA, SASK.—Tentative acceptance of the terms of a provincial agreement between the Government and the Board of Governors of the Regina General Hospital, whereby a psychopathic ward would be established in connection with the hospital, was agreed upon by the Board of that institution. Under the agreement, the Government will assume all financial obligations in respect to the formation of this department for the treatment of nervous afflictions, while the hospital board will have complete supervision and supply quarters in the former nurses' residence at the nominal rental of \$1 per year for five years. The new psychopathic ward will be the first of its kind in Saskatchewan and is to be modelled after the psychopathic ward at the Winnipeg General Hospital. Persons suffering from curable nervous afflictions will be treated therein. About twenty patients can be accommodated at one time. The new ward is expected to be in readiness by November 1st.

* * *

TORONTO, ONT.—It is with regret that we learn of the death of Dr. Adam Henry Wright, an outstanding physician and citizen of Toronto. Dr. Wright was educated privately and at the University of Toronto, graduating in 1866, afterwards taking up the study of medicine at the old Toronto Medical School, from which he was graduated with an M.B. degree in 1873. After taking a post-graduate course in London, England, and obtaining the M.R.C.S. degree, Dr. Wright returned to Toronto and engaged in practise for more than half a century. Among the numerous positions he held were those of surgeon at the old Toronto General Hospital, demonstrator at the Toronto Medical School, professor of obstetrics at the University of Toronto, president of the Ontario Medical Association in 1900 and president of the Canadian Medical Association in 1909. He was also chairman of the Provincial Board of Health, prior to the creation of the present department of health. He was a delegate to the British Medical Association Congress in 1910, a member of the Academy of Medicine and author of several important works on obstetrics and other subjects.

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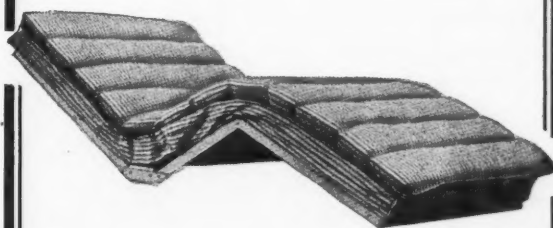
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Five-Year Hospital Building Program Proposed for Vancouver

Continued from page 32

hospitals are sent to seaside convalescent homes to recuperate.

It is recommended that the old contagious diseases hospital maintained by the city should be closed, except for emergencies. All contagious cases would then be brought to the isolation unit of the Vancouver General Hospital. The Day Nursery, the Crippled Children's Hospital and the Infants' Hospital should be merged according to the report, one unit to be built somewhere in Point Grey. The hospital survey commission has made a detailed study of the requirements of children, and outlined a program for the entire province based on the suggested scheme at Vancouver. Under this scheme, trained specialists will find, educate, train and place handicapped children, and improve the existing methods of preventing the conditions which give rise to these handicaps.

The present operating deficits would be met by raising the hospital rates, but not to such an extent that a profit would result. Referring to the "closed hospital" plan, the report states that all free patients should be cared for by the staff doctors subject to the following provisions:

1. All such cases should be submitted to an intelligent social service examination.
2. Neither family physicians nor hospital doctors should make any charge for their services.
3. Private doctors may visit patients as often as they like, and may consult with staff doctors, but they may not charge for the visits.

The establishment of a trained sociological department, which would report to the provincial and civic government just how much of the work being done is legitimately a public charge.

We are informed that six important recommendations have been adopted by the Board of Directors of the Vancouver General Hospital. In accepting the major portion of six important recommendations, the Board at the same time referred back five other suggestions for the expert opinion of the staff and for further information.

No less a figure in hospital circles than Dr. Malcolm T. MacEachern heartily endorses the scheme. He is said to have stated at the annual banquet of the British Columbia Hospital Association that Vancouver will have one of the greatest hospital systems in the world if the directors of the hospitals, the City Council and the Provincial Government have the courage of their convictions and confidence in their respective interests in carrying out the recommendations contained in the report of the Hospital Survey Commission. The remedial measures contained therein are based on the aggregate hospital experience of the three commissioners who made the survey, aggregating 66 years, and in which the city has had the benefit of the findings of over 22,000 individual hospital surveys, according to Dr. MacEachern.

Banting Institute is Formally Opened by Lord Moynihah

Continued from page 18

sible for the element of mobility which had been remarked in the equipment and fixtures.

Dr. Banting's medical research department comprises the fifth floor, which is expected to be a "fertile mother of great discoveries," as Canon Cody remarked. There are two rooms for the newest of all arts—medical art—where demonstration and teaching charts and models will be prepared. This department was found very interesting by both the scientific and lay visitors. An operating suite for medical and surgical research is housed on this floor. Two experiments being carried on by Dr. Banting were also examined with much interest. On the sixth and top floors are the commodious animal pens.

All laboratories are equipped with steam, gas, electricity, hot and cold water. The greater part of the equipment was made in the workshops of the University and was installed by University workmen under the direction of the superintendent, Colonel LePan. The co-operation and teamwork which have made the Institute possible were commended by Canon Cody.

Lord Moynihah's address was a masterpiece of oratory delivered without a flourish but spoken with conviction. It was a tribute to the scientist in whose name the Institute will endure, a tribute to the University in general and its Medical School in particular, a tribute also to the Toronto General Hospital. We make no attempt to quote from his address, because to do this would be to mar its perfection. We trust that it may be available for reading *in toto* in one or another of the medical journals. But we would refer to two remarks he made, one in which he stated it as his opinion that the Medical School of Toronto was the greatest in the whole world, the other in which he called Dr. Banting "the greatest living scientist, the greatest since Lister."

Let us offer our own congratulations to Dr. Banting, who because of his innate reserve spoke not one word during the entire course of the day's proceedings, to the individuals who gave of their time and money to make the Institute possible, the Toronto General Hospital and the University of Toronto.

WHITBY, ONT. — When the American Psychiatric Association, a distinguished body of mental specialists from all parts of the world, meets in Toronto next June, one of the sessions will be held in the Ontario Hospital, Whitby. The visit to Whitby is being made because of the fact that the Ontario Hospital there is recognized as one of the finest on the Continent. Elaborate plans are being made for the reception of the delegates.

* * *

WINNIPEG, MAN.—Miss Jessie M. Grant, superintendent of nurses at the Winnipeg General Hospital, has retired from her duties. She was the guest of honour at a dinner given by the staff nurses at the Royal Alexandra Hotel on September 2nd.

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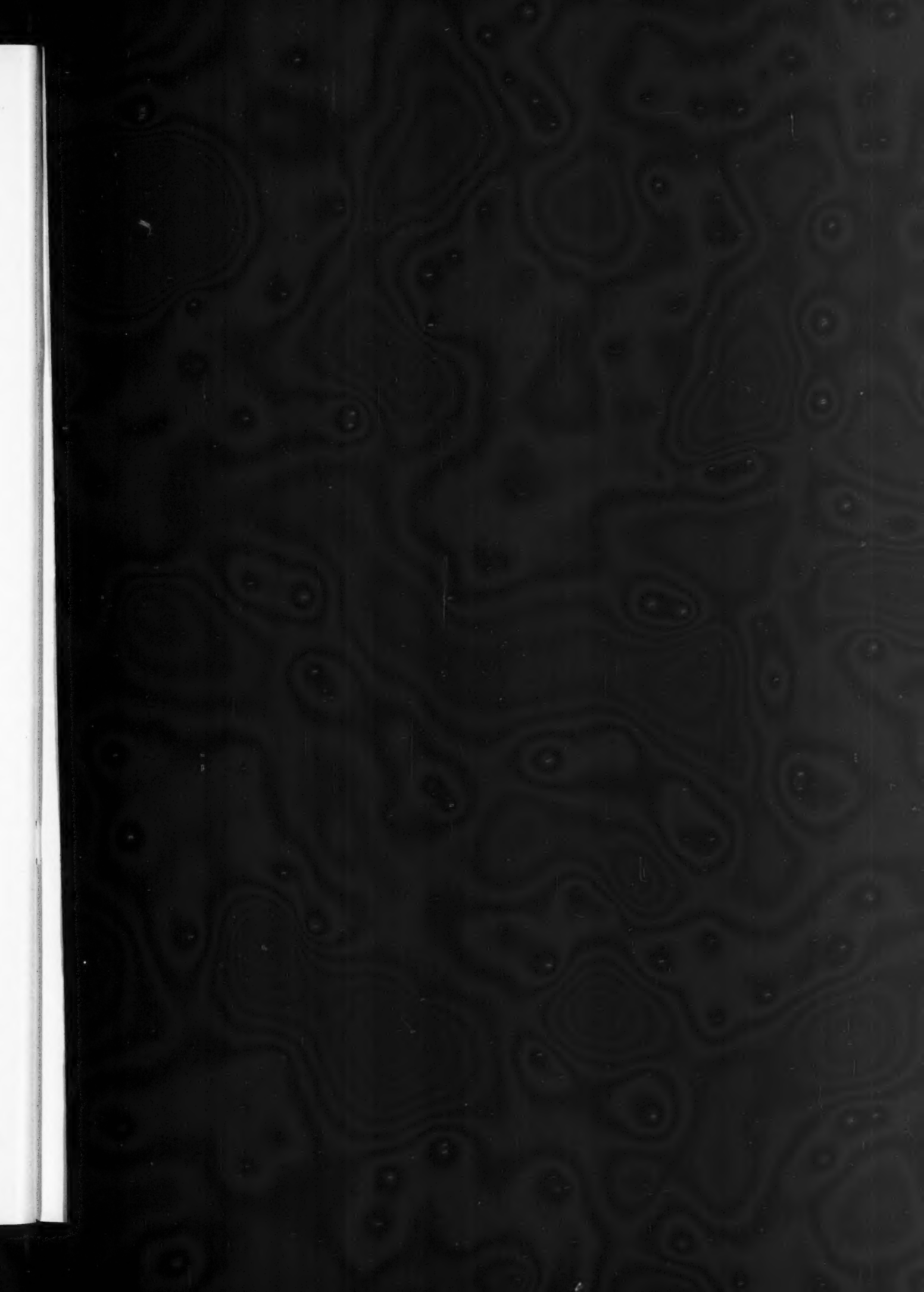
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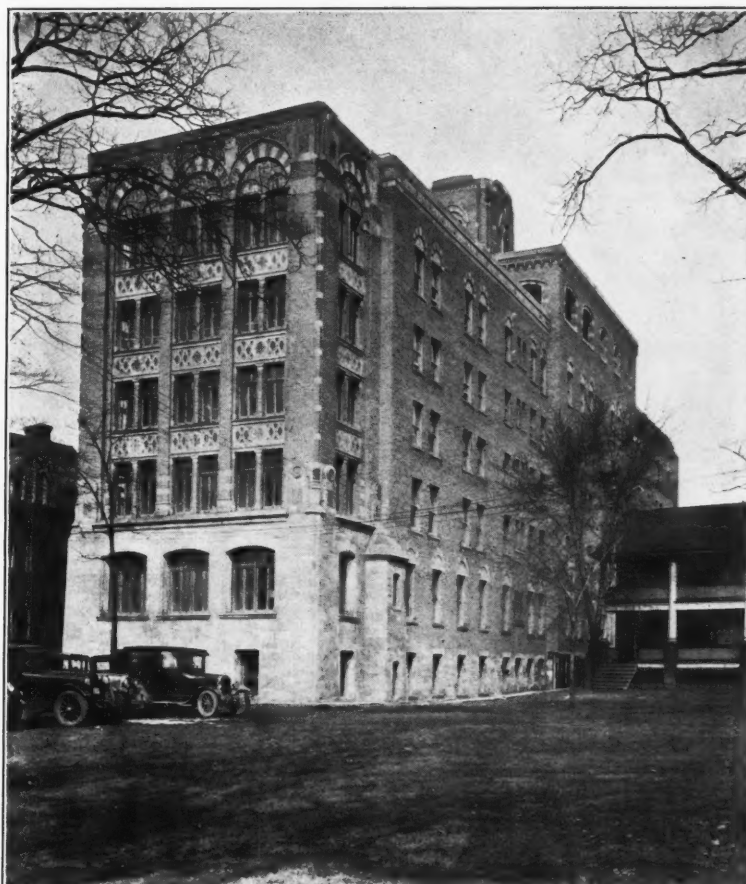
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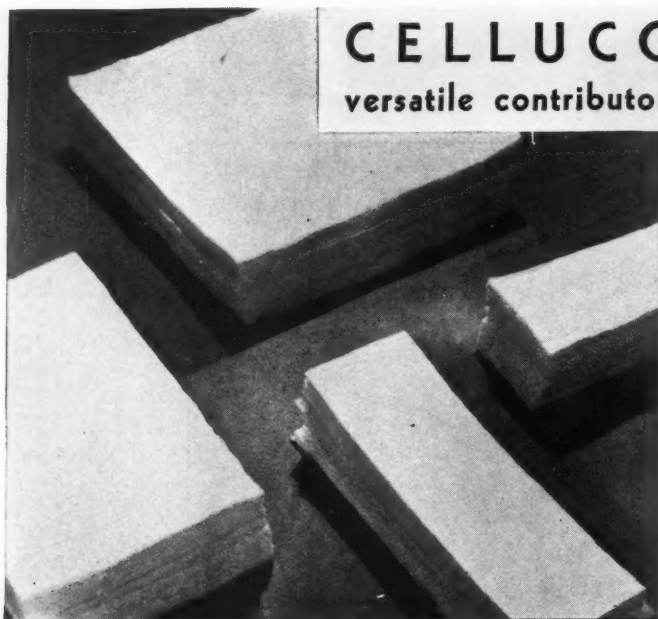
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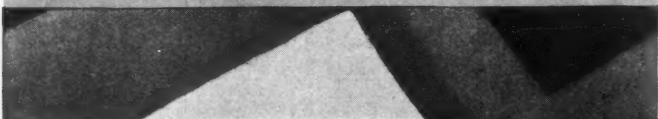


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